PROVINCE OF PRINCE EDWARD ISLAND

DEPARTMENT

OF

HEALTH AND SOCIAL SERVICES

THIRD ANNUAL REPORT

1982 - 1983

Honourable Albert P. Fogarty, Minister

THIRD ANNUAL REPORT

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Province of Prince Edward Island
1 April 1982 to 31 March 1983

TABLE OF CONTENTS

Minister's Letter to the Lieutenant Governor	3
Dedication: Senior Citizens of Prince Edward Island	4
Organizational Chart	6
Departmental Legislation	7
Letter Submitting Report by Deputy Minister	9
Report of Director of Oncology	10
Report of Director of Dental Public Health	10
Report of Director of Human Resources Unit	13
Report of Director of Provincial Sanatorium Complex	13
Report of Director of Community Hygiene	15
Report of Director of Mental Health	18
Report of Director of Community Mental Health Services	18
Report of Director of Institutional Services	20
Report of Hillsborough Hospital Board of Directors	22
Report of Director of Pharmacy Services	23
Report of Director of Policy and Planning Unit	24
Report of Director of Nursing	26
Report of Director of Vital Statistics	29
Report of Director of Field Services	31
Report of Director of Services to the Aging	43
Report of Director of Special Services	47
Report of Director of Finance and Administration	53
Report of Director of Emergency Welfare Services	54
Report of Chairman of Welfare Assistance Appeals Board	54
Appendix	
Revenue and Expenditure Summary	55

NOTE: Reports of the Prince Edward Island Hospital Services Commission and the Prince Edward Island Health Services Commission are printed separately.

Charlottetown
Prince Edward Island
March 31, 1983

The Honourable J. Aubin Doiron
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

I beg to submit, herewith, for your consideration the third annual report of the Department of Health and Social Services for the fiscal year ended March 31, 1983.

I have the honour to be,
Sir,
Your obedient servant,

Albert P. Fogarty
Minister of Health and Social Services

Mr. Albert Fogarty chatting with Mr. Roy MacNeil and Mrs. Mary Patricia MacDonald while visiting residents of Beach Grove Home for the Aged.

DEDICATION

It is with sincere appreciation and admiration that this annual report is dedicated to the Senior Citizens of Prince Edward Island, past, present and future.

Today's seniors were born in the last two decades of the last century or in the first two decades of this one. It has been said that the advancements made in all matters affecting our lives have been greater in the twentieth century than in any previous century from the time of the Romans.

Consider that the older citizens of our province were children of those hardy people who emigrated to this Island, carved homes out of the wilderness, established communities, built churches and schools, cut roads, built ships. Raised as pioneers, our seniors have been participants in and witnesses of trail-blazing throughout their lives.

They have seen transportation progress from the horse and buggy to the motor car, to propeller-driven airplane to the mammoth jet planes and even space vehicles of today. Communication has made quantum leaps forward during their lifetime: from the dots and dashes of the telegrapher's key, to the telephone, to the radio, to television, word processors and satellite transmission. Yes, today's seniors have seen and have played a part in the greatest advances recorded in history – from horse-and-buggy to a man on the moon.

Of course these are only the shiniest, most obvious examples of change. Think of the evolution in the farming and fishing industries in which our seniors participated – from horse-drawn ploughs to potato harvesters; from row boats to vessels equipped with all sorts of electronic devices to aid and protect those who live by the harvest of the sea. Think of the shift from the one-room school house: our elders have brought about a provincial educational system whereby every child has an opportunity to better his lot through learning.

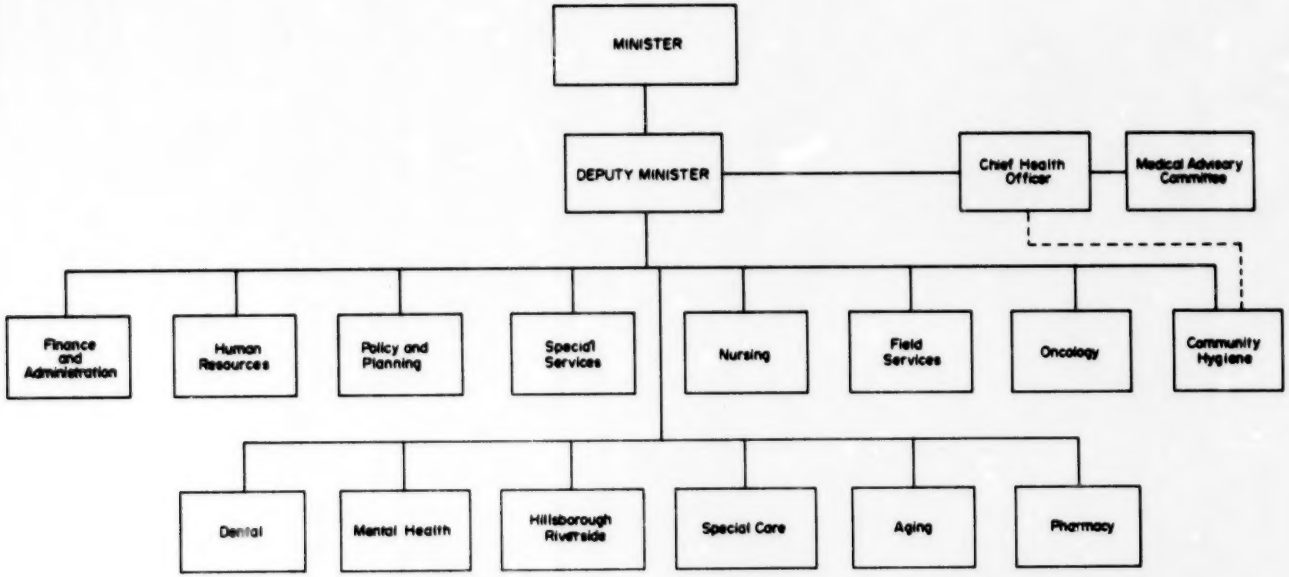
It has not all been glorious 'progress'. There was the tragedy of World War I, followed by an economic collapse and the depression years of the hungry thirties. Then came the day when today's seniors, many of whom had already served earlier, again answered the call to serve in another world war: again Prince Edward Island provided more servicemen and women per capita than any province in Canada. And against all the post-war advances in medical science, human rights, social-welfare benefits and economic prosperity, older people have continued to see the world endure agonies like repeated warfare, terrorism, crime, poverty.

Technological advances, educational advances, communication advances - all had their impact on the family, the method of raising children, the community, an alteration of the social mores which provided the foundation for people's lives. The first four-score years of the twentieth century have probably been the most stressful period of history.

Yes, our senior citizens have borne the heat of the day; they are survivors. They have contributed immeasurably to the building of our province. Our aim is that they may continue to enjoy the rewards of life, and indeed that they may continue to be contributing members of society.

The World Assembly on Aging held last year in Vienna said in part ... "The human race is characterized by a long childhood and by a long old age. Throughout history this has enabled older persons to educate the younger and pass on values to them; this role has ensured man's survival and progress. The presence of the elderly in the family home, the neighborhood, and in all forms of social life still teaches an irreplaceable lesson to humanity."

GENERAL ORGANIZATION P.E.I. DEPARTMENT OF HEALTH & SOCIAL SERVICES 31 MARCH 1983



DEPARTMENTAL LEGISLATION

1. Addiction Foundation Act
2. Addiction Services Act
3. Adoption Act
4. Change of Name Act
5. Child Care Facilities Act
6. Children's Protection Act
7. Chiropractic Act
8. Community Care Facilities
9. Cornea Transplant Act
10. Dental Profession Act
11. Dental Student Loan and Dental Practice Establishment Loan Act
12. Dispensing Opticians Act
13. Family & Child Services Act
14. Health Services Payment Act
15. Hillsborough Hospital Act
16. Hospital and Diagnostic Services Insurance Act
17. Hospitals Act
18. Human Tissue Gift Act
19. Licensed Nursing Assistants Act
20. Marriage Act
21. Medical Act
22. Mental Health Act
23. Nurses Act
24. Old Age Assistance Act
25. Optometry Act
26. Pharmacy Act
27. Practice of Physiotherapy Act
28. Premarital Health Examination Act
29. Provincial Sanatorium Act
30. Public Health Act
31. Queen Elizabeth Hospital (Amalgamation) Act
32. Registered Occupational Therapists Act
33. Rehabilitation of Disabled Persons Act
34. Venereal Diseases Prevention Act
35. Vital Statistics Act
36. Welfare Assistance Act
37. White Cane Act

Charlottetown
Prince Edward Island
March 31, 1983

Honourable Albert Fogarty
Minister
Department of Health and Social Services
P.O. Box 2000
Charlottetown, Prince Edward Island

Honourable Minister:

I have the honour to submit to you the third annual report for the Department of Health and Social Services for the period April 1, 1982 to March 31, 1983.

Respectfully submitted,

Keith Wornell
Deputy Minister

DIVISION OF ONCOLOGY SERVICES

D. E. Dryer, M.D., F.R.C.P.(C), Director

The division of Oncology Services provides consultations in oncology, drug treatment of cancer, follow-up of patients previously treated for malignancy and compilation of information on the incidence and mortality of malignant disease.

With the opening of the Queen Elizabeth Hospital, the Division moved into the Special Services area in the hospital and an Oncology Out-Patient Clinic was set up. One day a week a similar clinic is held in the Out-Patient Department of the Prince County Hospital.

Chemotherapy (antineoplastic treatment) was administered to in-patients and out-patients at the two hospitals. Most treatments consisted of multiple intravenous drugs requiring administration by an M.D. according to local hospital regulations.

Number of patients seen in consultation/referral		335
Number of patients reciving chemotherapy		92
Queen Elizabeth Hospital	70	
Prince County Hospital	17	
Both hospitals	5	
Number of chemotherapy treatments		610
Number of patient reviews/investigations		1,869
Number of patients referred off-island		37

(Most off-island referrals were for complex radiation treatment or special investigations not available in P.E.I., e.g. CAT scanning)

The Division provides cancer incidence and mortality data to Statistics Canada. The sources of information are pathology reports provided to the Division by the Department of Laboratories, Queen Elizabeth Hospital and a monthly list of cancer deaths from Vital Statistics.

DIVISION OF DENTAL PUBLIC HEALTH

R. G. Romcke, D.D.S., D.D.P.H., F.R.C.d.(C), Director

Purpose

The purpose of the Dental Division is to assist Prince Edward Islanders to achieve and maintain good dental health. Major activities include the Children's Dental Care Program, the Preventive Orthodontic Program, and efforts to ensure an adequate supply of dental manpower in all areas of the province.

The Division's administration offices and the Preventive Orthodontic Clinic are located in the Sullivan Building, while four large mobile dental clinics operate in various centres throughout the province. Dental Clincs are also operated at the Summerside Health Centre and the St. Jean's Elementary School in Charlottetown. In addition, Preventive Dental Clinics are operated on a part-time basis in O'Leary, Tignish, Morell, Souris, Montague and Murray River.

The Children's Dental Care Program has as its objective, the achievement and maintenance of good dental health by all children in the province. The program commenced in 1971 with six year old children. The original plan called for the addition of one or two age groups each year until all children were covered. The plan was followed until June 1, 1981, when the need for financial restraint made it necessary to postpone further expansion of the program. As a result the program now provides services to children aged 4-16 years.

The program provides dental health education, preventive services and dental treatment in mobile and permanent Department of Health and Social Services Clinics and in private dental offices in a total of fourteen centres throughout the province. Extensive case finding and follow-up procedures are utilized to ensure that all eligible pre-school and school-aged children receive regular care beinging at an early age.

Dental Health Education is provided to parents and children in all clinics. Dental hygienists give presentations in schools, kindergartens and to youth and other groups. During the year division staff participated in a variety of health promotional activities such as Health Fairs and Dental Health Month.

Preventive Dental Services are provided in all mobile and fixed dental clinics and in preventive clinics which operate throughout the province. Preventive services include the topical application of fluoride and fissure sealants. In 1982-83 a total of 20,189 children received preventive serrvices at fourteen centres.

Dental Treatment is provided in Department clinics and by private dentists in various centres throughout the province. During 1982-83 a total of 21,559 children received dental treatment. Of this number, 11.837 were treated by private dentists while 9,722 were treated in Department of Health and Social Services Clinics.

Progress Toward Objective

In 1971, when the program comenced, the dental health of children in the province was deplorable. The average children had two infected teeth with seven additional teeth requiring large restorations (fillings). Regular dental care was being received by only 20% of school-aged children and 5% of pre-school children.

In 1982, the long range objective of the children's dental care program; namely, good dental health for all children, was achieved. Approximately 90% of children are receiving dental care on a regular basis, the extraction of teeth due to dental caries is a rare occurrence and children now require an average of just over one dental restoration each year. Essentially all children now have good dental health.

The Preventive Orthodontic Program provides preventive and interceptive orthodontic services to children covered under the Children's Dental Care Program. The objectives of the program are to provide good function and acceptable appearance using simple methods, thereby eliminating the need for complex orthodontic treatment at a later date.

This program provides services to approximately one-third of all children at one time or another. Each year 700-800 children are referred to the clinic by private dentists and clinic dentists. Two-thirds of these children are assisted with the remaining one-third having problems which are too complex for treatment with the relatively simple appliances used. Many of the latter are referred to a private orthodontist.

During the past year, a total of 1949 children attended the preventive orthodontic clinic. Of this number 510 children were treated with orthdontic appliances.

Dental Manpower - The province has an adequate supply of dentists who are well distributed throughout the province. There is also an adequate supply of dental hygientists and dental assistants in all areas of the province. Present indications are that a surplus of dentists will develop over the next few years.

Demonstration Project - A demonstration project to assess the long term effectiveness of fissure sealants in preventing dental caries was further expanded. Fissure sealants are plastic films which are used to cover the fissures and grooves on the biting surfaces of teeth and thereby prevent dental caries on these tooth surfaces.

Fissure sealants have the potential of eliminating the need for approximately one-half of all dental restorations in permanent teeth. Preliminary results indicate a three year success rate of 90%. Longer term results and costs effectiveness studies will determine the value of this procedure for routine use in children's dentistry.

ATLANTIC PROVINCES CHILDREN'S ORAL HEALTH SURVEY

A dental health survey of Grade 1 and Grade 8 children in the four Atlantic Provinces was carried out in April and May 1982. The results of this survey confirm that the dental health of P.E.I. children is greatly improved from past years and is at a very satisfactory level.

SUMMARY OF PREVENTIVE SERVICES

	Number of Children	
	1981/82	1982/83
Total for 16 centres	19,012	20,189

SUMMARY OF TREATMENT SERVICES

	Number of Children	
	1981/82	1982/83
Public Health Clinics	9,831	9,722
Private Dentists	10,723	11,837
	20,554	21,559

PREVENTIVE ORTHODONTIC CLINIC

	Number of Children	
	1981/82	1982/83
Children attending	2,144	1,949
Children treated with appliances	550	510
New children assessed	677	746
Children completed	811	961

HUMAN RESOURCES UNIT

Rick J. Callaghan, Director

During the fiscal year 1982-1983 the Director of Human Resources was involved in two major staffing studies; one in the division of Public Health Nursing, and the other involving part time staffing in the Homes and Manors. The Director was also the management representative of line departments on the government negotiating team involved in collective bargaining with the Public Service Association.

The Director is responsible for Health Manpower Planning on a Federal/Provincial level and represented the province at meetings held to deal with Manpower issues for all Health occupations, and particularly with Physician Manpower and Dalhousie Medical School.

The unit was heavily involved in all personnel matters in the department such as coordination of staffing, classification reviews, collective bargaining, staff development and training, liaison with the Civil Service Commission, Treasury Board and Executive Council.

The Director also represented the department at various staff development and training seminars on Microtechnology, Affirmative Action, and Negotiations. Finally, the Director on the Minister's behalf, acted as a personnel consultant to the Executive Committee of the Licensed Nursing Assistants Association.

PROVINCIAL SANATORIUM COMPLEX

W.R. Stewart, M.D., Director

SPECIAL CARE UNIT

Purpose

A 45 bed Special Care Unit is located in the Provincial Sanatorium Complex. It is designed for patients of all ages needing continuous medical and nursing care at a level slightly lower than a general hospital but yet offering more than a nursing home.

Patients treated in this unit exhibit a wide variety of illnesses, with malignancies, cardiovascular diseases, severe respiratory problems and severe neurological disorders being the most abundant. A wide range of services is available to patients in this unit in addition to medical and nursing care, e.g. occupational therapy, physiotherapy and volunteer services. Speech therapy, prosthetics and orthotics are also provided on a consultation basis.

Statistics

	Special Care Unit	Chest Unit
Admissions	24	4
Discharges	7	1
Deaths	16	0
Average Daily Census	38.9	.83

DIVISION OF TUBERCULOUS CONTROL

Purpose

The function of the Division of Tuberculosis Control is the prevention, detection and treatment of Tuberculosis. Prevention and detection are the functions of the Out-Patient Chest Clinic Department.

Regular Chest Clinics are held under the supervision of the chest clinic physician, Dr. W.R. Stewart at the Sanatorium, Charlottetown. Clinics are also held when necessary at the Health Centre, Summerside; Western Hospital, Alberton; and the Souris Hospital. At these clinics, which are cperated in co-operation with the Division of Nursing, patients who are continuing their treatment for Tuberculosis at home are assessed at regular intervals. Ex-patients are reviewed regularly. Investigation and examination of contacts of Tuberculosis is done, and patients with chest diseases are seen on referral from family physicians.

Most tuberculosis patients receive their initial period of assessment and treatment in the Provincial Sanatorium. There were no new cases of active tuberculosis during this period; however, there was one reactivation. There were no deaths from tuberculosis.

Statistics

New Active cases of Tuberculosis	0
Reactivations of Tuberculosis	1
Deaths from Tuberculosis	0
Out-Patient Chest Clinics	50
Visits to Clinics	760

Again this year as is previous years, a very successful barbecue was held for the patients of the Complex in July. The Sanatorium Complex volunteer group sponsored a Christmas Tea, a Halloween Party and a Spring Tea for the patients as usual.

Volunteers continue to be present each day in the patient's kitchen to provide tea, coffee and snacks for the patients during the afternoon.

Outings and picnics for the patients during the summer months were also provided by the volunteers who came during the year to read, write letters, shop and help in various ways to make the stay of the patients in this institution more enjoyable.

With the assistance of our maintenance man, the patients from this institution were again able to enjoy the facilities of our carpenter shop.

The wheelchair garden at the rear of the Complex was planted as usual and maintained by the patients.

Dr. M.J.M. Putnam held several TB Bone Clinics at the Provincial Sanatorium over the summer months.

In April 1982 the Rehabilitation Unit moved to their new facilities at the Queen Elizabeth Hospital.

Also in April the Rev. Ross Howard, Protestant Chaplain at the Special Care Unit resigned and the position was capably filled by the Rev. Michael Lippe.

DIVISION OF COMMUNITY HYGIENE

Richard J. Davies, B.Sc., CPHI(C), Director

Purpose

The mandate of the Division of Community Hygiene is to promote and establish, through education, consultation and inspection, standards which are in keeping with the Public Health Act of Prince Edward Island and its regulations.

With this objective, the Division of Community Hygiene has defined all its inspection programs under seven distinct categories. These categories are Food Protection, Occupational Health, Recreational/Institutional, Accommodations, Environmental Health, Education and Consultation.

Program: Food Protection

This area of responsibility includes such services as inspecting grocery stores, slaughterhouses, dairies, eating establishments and licensed premises. Services provided by the Division in the course of these inspections are: consultation to operators, approval and evaluation of plans for new and existing buildings, sampling and analysis of the drinking water supply, general inspection to ensure compliance with recommended standards of housekeeping procedures, maintenance and foodservice sanitation, routine swabbing of utensils and equipment for bacteriological analysis, and the investigation of complaints concerning foodservice sanitation or suspected foodpoisoning incidents.

Total Inspections - 4,140

Type of Inspection	1981/82	1982/83	% Increase (Decrease)
MANUFACTURING			
Retail Grocery Stores	500	600	20%
Slaughterhouses	100	160	60%
Milk Plants (In-Depth)	9	9	-
Milk Samples	1,000	1,100	10%
CONSUMER			
Eating Establishments	3,000	3,500	17%
Swab Samples	2,800	2,800	-
Licensed Premises	320	400	25%
Swab Samples	3,200	3,500	10%

One slaughterhouse is no longer in operation, due to a fire in the establishment.

Program: Accommodations

This area of responsibility includes such services as investigating rental accommodation complaints, summer trailer courts, tenting and campgrounds, and tourist accommodations

Total Inspections - 1,510

Type of Inspection	1981/82	1982/83	% Increase (Decrease)
PERMANENT			
Apartments, Rooming Houses	95	190	100%

TEMPORARY			
Tourism Establisments			
Hotels, Motels,			
Cottages and Campgrounds	1,120	1,320	18%

Rental accommodation inspections are conducted following a complaint from either the tenant or the Provincial Rentalsman.

Program: Occupational Health Analysis

Occupational Health problems are referred to the Division by the Workers' Compensation Board, Department of Public Works, Unions or employees, for investigation and analysis. The Division works in close cooperation with Medical Services, Health Protection Branch of Health & Welfare Canada. All chemical analysis and some scientific equipment used in these investigations are made available by this Federal Government Agency.

Total Inspections - 60

The types of problems investigated in the Occupational Health Analysis Program were:

- checking ventilation systems within government offices.
- analysis for asbestos fibre content.
- monitoring for total dust, respiratory dust, silica and quartz dust.
- analysis for urea formaldehyde foam insulation in private homes, and other buildings.
- accumulation of gases.
- testing for mercury vapour.

Program: Recreational & Institutional

These facilities are inspected to ensure they comply with the Public Health Act and regulations thereof, as well as other Provincial Acts. Facilities included schools, day care centres, institutions and hospitals, nursing homes and swimming pools/saunas.

Total Inspections - 560

Type of Inspection	1981/82	1982/83	% Increase (Decrease)
Child Care Facilities.....	260	320	25%
Schools.....	40	90	225%
Nursing Homes.....	35	50	45%
Institutions/Hospitals	80	100	25%

Program: Environmental Health

All enquiries or complaints regarding environmental health problems are investigated. These complaints include such items as rodents and insects, pesticides, sewage disposal systems, air pollution, dead animals, agricultural wastes, water, garbage, solid wastes and toxic chemicals. All complaints and enquiries are given priority.

Total Inspections - 590

Type of Inspection	1981/82	1982/83	% Increase (Decrease)

Complaints	250	450	80%
Enquiries	105	140	33%

Examples of nuisance complaints which were referred by the general public would be:

- spreading of liquid pig manure.
- garbage accumulation.
- ponding of septic tank effluent.
- uninhabitable dwellings.
- unsanitary washroom conditions.
- high vomotoxin in Island wheat.

Examples of enquiries are:

- requests and interpretation of various regulations under the Public Health Act.
- shelf life of meat.

Program: Education

This program consists of both public and professional education. Education is a component of all Divisional programs. Owners and employees of the various facilities are taught proper sanitary measures and the Community Hygiene Health Officers are available at any time for consultation on this topic.

Through the education courses offered, many foodservice people and various groups such as Women's Institutes and community supper organizations, are apprised of foodpoisoning problems and are trained in proper foodhandling techniques. This has been possible through the cooperation of such bodies as the Prince Edward Island Restaurant and Foodservice Association and the Department of Agriculture.

In addition, there are in-service education programs for the Community Hygiene Health Officers. They attend special training courses in such areas as swimming pool sanitation, milk technology and occupational health analysis.

In conjunction with the Prince Edward Island Restaurant and Foodservice Association, thirteen National Sanitation Training Programs were conducted for 260 people. This brings to 1,296 the number of Island Foodservice people who have successfully completed this Course. Other groups who received educational instruction from the Division include Womens' Institutes, Supervisors and Managers of Dietary Staff at Queen Elizabeth Hospital, restaurant employees and Holland College students from the Hotel/Motel Course.

Health Orders

The Division did not serve any Health Orders during this fiscal year. Health Orders are issued only in the severest of circumstances where an inspection reveals gross violations of the regulations or where there exists a possibility that people's lives could be in jeopardy.

DIVISION OF MENTAL HEALTH

M. Triantafillou, M.D., Director

The purpose of the Division of Mental Health is to provide optimal and accessible mental health services to all persons in the province.

The opening of the Queen Elizabeth Hospital, Charlottetown, in May 1982 was particularly significant to this Division in that acute care wards were transferred from Hillsborough Hospital to the new hospital. Chronic care continued to be available at Hillsborough Hospital with acute care services available at psychiatric facilities in the Queen Elizabeth Hospital, Charlottetown and the Prince County Hospital, Summerside.

Psychiatric resources continue to be limited. In addition to the Director's administrative duties, Dr. Triantafillou provides psychiatric services to Richmond Centre, Montague and Souris. Dr. R. Worling, working four days per week, provides psychiatric services to Prince County Hospital, Summerside Community Mental Health Team and visiting services to O'Leary and Alberton. Dr. B. Spears provides services to the McGill Day Treatment Unit on a sessional basis.

A bursary program for psychiatric residents operates to insure a source of psychiatric manpower to the Province. Presently, two doctors are studying at Dalhousie University under this bursary program.

The contract this Province has had with the Clarke Institute of Psychiatry, Toronto since 1978 was terminated effective 31 March 1983. Under the terms of this contract, consultation, treatment services and staff development and training were available to this province.

COMMUNITY MENTAL HEALTH SERVICES

Eugene A. MacDonald, Director

The purpose of Community Mental Health Services is to provide a range of mental health services to individuals and families within their communities which will promote, maintain or restore an optimal level of mental health for citizens of Prince Edward Island. Implicit in this mandate is that the people most distressed or disabled receive direct service in the form of assessment, treatment or consultation.

To achieve this aim, teams of professionals from the disciplines of psychiatry, social work, psychology, nursing and occupational therapy operate in Summerside, Charlottetown and Montague. Staff from the Summerside based team provide services on a regular visiting basis to O'Leary and Alberton; Montague staff provide similar services in Souris. A Day Hospital operates in Charlottetown. These program units offer a range of professional services designed to enhance the existing community resources of family physicians, Social Services, schools and other community agents of help to the mentally and emotionally ill.

Sources of referrals of clients reflected a similar profile as previous years with 44% received from the medical/psychiatric community; 30% were self/family referrals; 18% were from Social Services, Justice and Education; and the remaining 8% were from various helping agencies.

Some of the major problem categories which clients presented included anxiety, depression, child management, family problems and long-term emotional disabilities. The total number of persons receiving services from the Community Mental Health Teams was 1,579 for this fiscal year ending March 31, 1983, as compared with 1,501 for the previous year. A total of 3,035 hours of counselling services were provided to these clients.

Assessment and treatment services were delivered through a variety of modalities including individual, marital, family and group approaches. Psychometric testing services were available at each centre.

In October 1982, a computerized statistical information system went into use. A client/patient information form was designed to record referral details at time case is opened and treatment details on presenting problems at time case is closed. This computerized system permits early identification of trends in referrals and caseloads and such information is useful for ongoing program development and evaluation.

In keeping with the mandate for Community Mental Health Services, education continued to be important. Requests for presentations remain steady. A total of 105 educational presentations were made this fiscal year with approximately 2,400 people receiving these services. Some of the topics presented to the general public were stress management, suicide and adolescents, needs and motivations of volunteers, midlife crisis, changing roles in marriage and parenting skills. Topics of presentations to professional groups in the community included strategic intervention, psychological effects of unemployment, management of chronic patients, anxiety and its treatment, and depression in the elderly. A major two-day workshop, 'The Treatment of the Resistant Client', was presented to approximately 100 professionals in November 1982.

There were a number of staff changes during this fiscal year. Lynda Lowry Rayner, occupational therapist, and Dr. Sol Feldstein, psychologist, resigned from the Summerside Community Mental Health Team to take employment at the Queen Elizabeth Hospital. Dr. Alan MacLeod was hired in mid September as psychologist with the Summerside Team. Gloria Lea resigned and Joan Walsh went on leave of absence thus drastically reducing the nursing component at Richmond Centre. Elizabeth Baglole resigned from the Montague Team to commence employment with the newly established School of Occupational Therapy, Dalhousie University. Louise MacLeod joined the montague Team as a temporary part-time nurse in May 1982 and Philip Smith as a full-time psychologist in February 1983.

During the past year, Richmond Centre maintained its liaison work with the Canadian Mental Health Association in support of the 'New Directions' Day Program operating in Charlottetown for approximately one hundred chronic mental health patients. Several staff members provided group sessions for the program and Emmett Bradley provided consultation and supervisory services on an ongoing basis.

Support and consultation services were provided by Community Mental Health Teams to Anderson House shelter for abused women and children in Charlottetown and the Group Home in Fortune throughout the year.

Regina Perry of Richmond Centre has been actively involved in developing educational programs in the community for aging persons. She worked in liaison with other service agencies and manors and has collaborated with staff at the University of P.E.I. and Mount St. Vincent's for research assistance to promote and establish academic training on aging in this province.

Formal referral policies were developed by the Summerside Team with the Unit II School Board and the Summerside Regional Social Services office to insure accessibility to mental health services and to promote greater coordination of services in that region.

During the past year, Richmond Centre commenced holding evening office hours each Tuesday for those persons who cannot visit the Clinic during regular daytime hours.

Mental health services to western Prince County were further expanded with a regular AfterCare Medication Clinic set up in the Western Hospital, Alberton. This clinic has been well accepted by patients and their families and receives valuable support and encouragement from the Hospital administration and staff.

Service delivery in Kings County was hampered during the period from July 1982 to February 1983 when there was only one full-time clinician on staff servicing both the Montague and Souris Areas. A part-time nurse and psychiatric services from Charlottetown one-half day on alternate weeks in Montague and one-half day per month in Souris completed our staff resources in Kings County for that period of time. The situation was somewhat eased when Philip Smith, clinical psychologist, joined the Team in mid February.

The McGill Day Treatment Unit provided mental health services to persons who did not require hospitalization but needed more than outpatients services. The types of patients served were those with restrictive social and leisure activities, chronic neurotic disorders, difficult diagnostic problems requiring daily observation and patients requiring transition from hospital to community. Referrals were accepted from physicians, psychiatrists, social agencies and individual professionals.

During the past year, patients in the Day Program seemed to be much more demanding and more seriously ill than were patients referred to the program in previous years. Because patients were so severely depressed or suffering from acute anxiety at the time of referral, they required considerable time in one-to-one counselling sessions in addition to participation in group therapy sessions. A possible reason for this trend to refer more serious cases is that patients are having shorter stays in hospital and require more intensive treatment after discharge.

The number of patients attending the AfterCare Medication Clinics steadily increased to a total of 107 patients receiving 193 injections each month in clinics located in Charlottetown, Montague, Souris, Summerside and Alberton. Feedback from referring physicians concerning this program has been favorable as regular program reports assist the physician to keep up to date on the progress of individual patients. It is believed that patients' compliance to the program has reduced the rate of admission to hospital.

It is expected that the economic conditions impinging on the stability of lower and middle income families will result in an increase in health and social problems. This, in turn, will probably cause a greater demand for services such as Community Mental Health Services.

INSTITUTIONAL SERVICES

J. A. Fraser, Administrator

The main event which occurred in 1982 was the changed role of the hospital. For over a hundred years the hospital at the present site has been the major facility for the treatment of those suffering from acute, sub acute and chronic mental illness. With the opening in 1982 of the Psychiatric Treatment Unit in the Queen Elizabeth Hospital, Hillsborough's new role is expected to be that of mainly a long term care facility providing care and treatment for the chronic mentally ill, in addition it will accept patients who cannot be cared for in the general hospital units, i.e. those who exhibit aggressive, antisocial behavior, addictive or other tendencies which are judged to be unamenable to treatment. In addition, Hillsborough will continue to operate a program for disturbed adolescents and those with behavior problems.

In order to facilitate the opening of the Queen Elizabeth Hospital Unit, Hillsborough transferred fifteen nursing positions to the new unit, but only eleven employees transferred (six registered nurses and five male attendants). This deprived the hospital of much needed trained staff but with careful recruitment and training programs, the situation is being corrected.

Upon opening of the new unit, nineteen patients were transferred from the acute treatment wards and this allowed us to transfer patients from the old annex to the main building and close out this old wartime building as a patients dormitory.

The summer of 1982 saw a more active external recreation program implemented for patients. Escorted by nursing and recreation staff, groups of patients spent vacations of three days each in such places as Brudenell, Summerside, Cavendish, Cape Breton, Halifax and Moncton, The groups lived in motels and visited areas of interest and entertainment.

In July a small committee was formed to prepare a functional plan for the design of a new facility to replace the old "Health" and "Welfare" buildings. Following acceptance of the basic concept, department heads prepared, with the help of their staffs their own lists of requirements and design ideas, these have been included in the plans for the new building.

In September, the first group of Katimavik volunteers arrived at the hospital. These young people participate in make and mend programs in the hospital and on the grounds and assist in clinical and recreation programs with the patients. They have already cleared deadwood and brush from the woods surrounding the hospital and have made walking trails. This will be followed by construction of a therapeutic park and plan area and conversion of the old dairy to a floriculture therapy area, and cleaning up of the beach in front of the hospital to make a more attractive and safer relaxing area for the patients.

Statistics

Patient population reduced from 232 to 205 (this will eventually be reduced to 186 on completion of the new building.)

Treatment days for alcoholism and drug abuse declined from 2,408 to 792 days.

Total operating cost (includes D.P.W. and Pharmacy costs)		$ 6,114,086
Hillsborough Hospital and Riverside Home for Special Care	$ 5,979,086	
PreDischarge Program	63,961	
Adolescent Program	71,044	
	$ 6,114,086	
Total Patient Days	76,023	
Average number of patients per day	208	
Cost per day	$80.42	

Support Services

As in the past few years, support services embrace the disciplines of psychology, psychometrics and social service workers. These services continue to be provided to the hospital by Community Mental Health Services. Mrs. Shirley Callaghan has been seconded for a major portion of her time to provide psychometric services at the Queen Elizabeth Hospital. She continues to provide these services at this Hospital only on request. Mr. Jordan Hill joined the staff last year as a social worker and is working successfully with the adolescent population on a part-time basis.

The Foster Home Program continues to provide a very successful and essential link between the hospital and discharged patients. This involved the followup of approximately one hundred patients in foster homes. Without the social service workers, the foster and boarding home services could not be continued successfully. Maisie Waddell continues to

fulfill the senior position and Janet MacLellay replaced Noreen Connolly as a part-time worker for this program.

Pastoral Care

Rev. Susan Triantafillou was appointed protestant chaplain in July 1982. Worship services are conducted each week. The chaplains are available for pastoral care and counselling to staff and patients, to lead workshops, Bible Study and to assist in the Adolescent Unit.

HILLSBOROUGH HOSPITAL BOARD OF DIRECTORS

Mr. Eric Doucette, Chairman

During the year 1982-83, the Hillsborough Hospital Board of Directors consisted of the following people:

Mr. Eric Doucette, Chairman
Mr. J. A. Fraser, Administrator
Mr. Oliver Bernard
Mr. Ernie Carver
Mrs. Frances Tremere
Mr. Lowell Johnston, M.L.A.
Mr. Paul Connolly, M.L.A.
Mr. Keith Wornell, Deputy Minister
Dr. Mark Triantafillou, Physician-in-Chief
Mr. Frank MacDonald, Chairman, Queen Elizabeth Hospital Board.

This board, which is an advisory board to the Minister of Health and Social Services, met on a monthly basis to discuss and make recommendations on matters pertaining to the well being of the patients and facilities of Hillsborough Hospital.

Communications are encouraged between the Board of Directors of the C.M.H.A. and the Hillsborough Hospital Board of Directors. Towards this end, representatives of our board met with the C.M.H.A. board on one occasion. One of the areas of common concern is the ongoing project called "New Directions". This seems to be a very successful project and it is mutually hoped that this will continue.

During the spring of 1983, a committee was convened by the Minsiter to study and draft "Terms of Reference" for the Board of Hillsborough Hospital. This committee consisted of Mr. Doucette, Mr. Carver, Mr. Fraser and Lynn Ellsworth. The committee did succeed in bringing forth an acceptable "Terms of Reference" and these were subsequently approved by the Minister. Hopefully these "Terms of Reference" will serve as a guide for the operation of the Board.

Throughout the year, the Board met with several of the medical staff of the hospital in its continuing effort to keep up-to-date on the care of patients in our hospital. Also the board members went on a tour of the facilities to improve our understanding of the patients and to see first hand the living conditions of the patients.

During the spring of 1983 the decision was made to transfer 18 patients of Hillsborough Hospital to the Special Care Unit of the Provincial Sanatorium. This is seen as an excellent move since the nature of the illness of these people is such that they could be better served at this unit than in the present Hillsborough Hospital.

In 1983, the Minister, Mr. Fogarty, sought input from our Board as well as from other concerned individuals and groups relating to the review of the Mental Health Act. This input was presented by our Board and the government is expected to study this further next year. I would like to report that there has been excellent rapport and communication between the Board and the Minister, both in written form and in the Minister being very willing to attend our meetings when he can.

The Board members were pleased to learn plans had been prepared for the construction of a new building. The Board believes that this new 80 bed facility is really needed and will be involved in an ongoing way with plans for this new building.

Two ongoing items that will have to be considered:

1. Amendments to be made to the Hillsborough Hospital Act. We are awaiting the appointment of a committee to study this and we expect to have input here.
2. There is a general agreement by the Board that it would be desirable to consider renaming our hospital. It is hoped that this will be given serious consideration, especially when our new facility is completed.

DIVISION OF PHARMACY SERVICES

L. Roger Montigny, B.Sc. (PHARM), R.P.E.B.C.,Ph.C., Director

The Division of Pharmacy Services is the central purchaser of pharmaceuticals for the Government of P.E.I. These pharmaceuticals are dispensed through Government Programs to individuals with special needs, Institutions, Manors, and the Hillsborough Hospital.

The Division of Pharmacy Services provides a drug information service, a drug monitoring service, also a drug educational and consultation service for Institutions and related programs.

The Islandwide Insulin Program is administered through Pharmacy Services and dispensed through retail pharmacies.

The Division of Pharmacy Services is responsible for the purchase and distribution of biologicals for immunization clinics for the Island people.

The Division of Pharmacy Services accomplishes its objectives through one main location (lower level of the Sullivan Building) plus a satellite pharmacy at Hillsborough Hospital.

The Division of Pharmacy Services is currently involved with the completion of a Government Formulary. The Formulary will be a continually revised compilation of pharmaceuticals and will be of intrinsic value to the Division.

In December of 1982, the Division of Pharmacy Services acquired the services of Mr. Sean K. Cheverie, B.Sc. (PHARM), R.P.E.B.C., Ph.C. Mr. Cheverie's expertise and professionalism has enriched the special services required for our Institutional Care Program. Mr. Cheverie is assisted by three-part-time registered nurses.

L. Roger Montigny has worked with the Planning Unit and Pharmaceutical Association in the devleoping of a new Pharmacy Act which will be presented at the opening of the House. The new Act will create significant changes in the operation of the Division.

POLICY AND PLANNING UNIT

Rob Thomson, Director

This is a very small support team of researcher-planner-analysts to assist the Department's executive and operating divisions and to some extent the Health and Hospital Services Commissions with:

- background information
- some administrative assistance
- program planning and evaluation
- legislative matters
- policy analysis and development

In early September, 1982, as one more step in the integration of the parent departments of Social Services and of Health, the former Resource and Evaluation Unit was reconstituted with the counterpart section of Special Services Division. This report covers the activities of both R & E and the successor Policy and Planning Unit.

The Unit recurrently acts as a broker of information. It handles inquiries from other departments, federal and other provincial governments, researchers, students, professional and voluntary associations. Typical requests were: 'how are nursing homes regulated?' 'what progress has been made in maternal health this past decade?' 'describe caring services for the elderly', 'how does Prince Edward Island conform with the U.N. charter of socio-cultural rights?' Such questions can be rather a chore, but the incentive to help out is reciprocity: staff here must often make comparable requests of others in order to compare Prince Edward Island's system with what is going on elsewhere.

For internal use there were compilations of patterns in population, morbidity and mortality, health professional incomes and manpower supply, extra-billing, program expenditues, welfare assistance services. Dozens of books, articles, reports were reviewed -- on subjects as diverse as federal-provincial funding and wastewater purification. Briefing papers were prepared to familiarize the Minister or Deputy with a host of topics disucssed in the Legislature or at inter-governmental conferences; one week it might be seatbelt legislation, the next adoption, the next the legalities and channels for donating human organs. Two publications were thoroughly revised: the Prince Edward Island inventory of health occupational manpower, and the "Services to People" brochure outlining the types of help the Department offers citizens.

Call it information brokerage or administrative assistance, the Unit as usual provided a number of historical summaries and status reports, conducted a couple of seminars, and drafted many speeches, pieces of correspondence and Executive Council submissions for the Department.

Most program planning or evaluation done by the Unit tends to be in the form of assistance to the operating divisions, which themselves carry the major responsibility for examining activities in their program fields. A chief example in 1982 was preparation of a "Program Directions" document for every program, appraising its development, current status, strengths and needs, and probable trends in the future. For Field Services there was an examination of budgeting and funding methods for transition house, and one of options for reorganization of a regional office. Mental Health was helped with a look at progress on the previous year's review of the post-1978 provincial system, and with a functional program plan for reconstruction at Hillsborough/Riverside. An evaluation process was designed for the "Play and Learn" project in early childhood development; advice was given on an evaluative report on prenatal nutrition; surveys were created for a study

of day care. The Unit helped the Provincial Pharmacy with a process of developing and operating a fomulary, and with an improvement of its narcotics-control recording. The feasibility of an independent addictions treatment facility was first assessed internally and then guidance and analysis were provided on a subsequent consultant study. There was also steering-committee involvement on another consultant study of how well the new addicition services system has been doing since 1980. A report was written for the Hospital Services Commission on hospital outpatient services, which resulted in cancellation of a deterrent fee. Another report outlined options for reorganization of rehabilitation services for the physically disabled. Terms of reference and plans were written for a study of nursing education, and a two-year implementation plan was made for the regulation of community care facilities. Unit staff have provided a rather specialized brand of planning help in the area of computerized management information: one person was assigend full-time to a Health Information System team developing a totally new medicare registration and physicians' claims assessment system, and another has recurrently worked on various data bases -- for audiology, speech therapy, mental retardation, the Employment Preparation Program and home nursing care.

Before its transfer half way through the year to Special Services, the function continued of developing health promotion activity; assistance was given to departmental divisions, other parts of government and many community organizations in scores of ways, but there were two particular highlights. One was analysis of the Canada Health Survey to compare Prince Edward Island health status to Canadian averages, the other a very thorough proposal, on behalf of the voluntary Council of Smoking and Health, for a three-year project in smoking cessation and prevention.

Repeatedly the Unit handled matters associated with legislation. It made dozens of searches and interpretive explanations to inquiries wanting to know what the law says about some particular subject -- for instance physicans having to report things, advertising of optical services, the use of drugs by optometrists, the relationship between a profession's association and regulatory board, the authority of the Welfare Appeals Board, the extent of choice in registering a baby's surname, even the manufacture of caskets and responsibility for stopping erosion of an old cemetery. Considerable time went into a number of legal issues connected with implementation of the 1980 *Addiction Services Act*. There were preliminary drafts of a *Denturists Act* and several sets of regulations -- radiation control, community care facilities, standards of practice for optometry. The Dietetic Association had help on a new professional statute. Regulations were enacted to govern the disinterment of human remains. Amendments to the *Family and Child Services Act* and a wholly new *Pharmacy Act* were prepared for passage in the 1983 sitting of the Legislature.

The same sort of variety in subject matter showed up in the broad function of policy analysis and development. Specific issue papers or policy statements were prepared concerning welfare assistance mortgage and transportation benefits, insurance of medical-nursing care at the Special Care Unit, personal care for people under sixty, the confidentialiy of information kept by departmental programs. Following on a number of studies and working groups over recent years, the Unit synthesized a wide range of problems and recommendations connected with the Provincial Pharmacy and P.E.I.'s pharmaceutical system as a whole; it also appraised the need and feasibility of a seniors pharmacare scheme. A similar sort of structuring and analysis was done for a constellation of policy issues associated with the new addicition services system. A seminar was given for the Hospital and Health Services Commission to examine their future roles. There was participation in a reconsideration of the philosophic bases for the welfare assistance program. A staff-person was Prince Edward Island's representative on a federal-provincial committee to design a national disability income-protection plan. Another helped the Hospital Services Commission assess proposals for upgrading hospital services in Eastern Kings. There was quite a bit of advisory involvement in the departmental budget-planning for restraint. A large effort went into the *Canada Health Act*, proposed by the federal govern-

ment to replace the 1957 and 1966 statutes which shape the overall Canadian hospital and medical system by governing federal-provincial funding according to national standards. The federal suggestions for change had to be analysed for their effects on Prince Edward Island, and provincial stances developed on matters such as user fees, extra-billing, the nature of accountability to the federal government. Finally, the Unit wrote a long-range prospective on what are likely to be the outstanding trends and issues in the social development sector and a statement of intermediate strategic plans and goals for the Ministry.

A last paragraph should record a tribute to the work done so well by five individuals who have left the Unit after a number of years of solid service to the Department: Jane Welch and Audrey Wilkinson, Barbara Currie, Paddy Bruce and Phyllis MacDonald.

DIVISION OF NURSING

Ella B. MacLeod, M.S., Director

Purpose

To serve as the vehicle within the Department of Health and Social Services for the execution of community services in the detection and prevention of illness or disability; and in the promotion and maintenance of optimum health for Islanders of all ages.

Objectives

To provide health-related services that are equally accessible to all Islanders.

To promote services that will prevent the outbreak of and consequences of communicable and social diseases.

To provide services for the early detection and prevention of illness.

To provide health education programs for the promotion of health and healthy life styles.

To provide services that will give, teach, and supervise nursing care in the home.

To provide services that will serve as a link between community and hospital, patient and other professional or auxiliary services.

The Division of Nursing accomplishes its objectives through a decentralized service in seven locations across the province consisting of thirty full-time and nine part-time nurses, one nutritionist, five full-time and five part-time clerical staff participating in the various programs and services. These programs which are based in Charlottetown, Summerside, Tignish, O'Leary, Kensington, Montague and Souris include: Maternal and Child Health, School and Preschool Health, Communicable Disease Control, Home Nursing Care, Health Education, and Diabetes Education. In addition, a Community Health Nurse and a Family Life Consultant carry out special health education programs.

MATERNAL AND CHILD HEALTH

The OBJECTIVES of this program are to promote the health of mothers throughout their pregnancy, foster the growth of the infant, and help parents develop skills in parenting. Prenatal classes were offered in six locations throughout the province for couples and women, for those both early and late in pregnancy, and a post-partum class on parenting. Individual counseling is offered to those unable to attend classes.

There were 34 Early Bird series of classes with 581 mothers and 411 fathers attending. There were 33 series of late classes with 432 mothers and 289 fathers attending. There were 13 parenting classes with 74 mothers and 55 fathers. Over 70 pregnant women were given individual counseling, and nurses made 144 visits to pregnant women in the home offering help and counseling. The mothers were also visited in the maternity ward to discuss their needs and prepare for a follow-up visit at home, which is usually made within four weeks of discharge. During this report period, 2,646 visits were made to mothers and babies. During visits, plans are made with the mother for attending the Child Health Conference.

Approximately 387 *Child Health Clinics* were held at 18 locations throughout the Island. Four are held weekly and others monthly. A more comprehensive appraisal program of all infants was undertaken. Children at each visit to the clinics are examined and provided with necessary immunization. Referral, if necessary, is made to the appropriate service. Mothers are counseled regarding baby care. There were 2,065 infants and 3,921 preschool children who attended Child Health Conference during the twelve-month period with a total of 16,426 immunizations given to this age group. There were 211 referrals made to physicians in the birth to five year assessment. The nurse made 1,649 visits to the home for counseling mothers with preschool children.

The 3½ year-old appraisal program is now carried out in all health units. There were 1,476 children examined and 342 referred to physicians or specialists for various health problems.

COMMUNICABLE DISEASE CONTROL

This program includes:

Immunization of Children

The total number of inoculations given in the reporting period was 16,419 to infants and preschoolers, and 5,814 to school children. Children leaving school are provided upon request with a pocket-sized immunization record.

Immunization of Adults

There were 328 inoculations for Typhoid, Tetanus, Cholera, Diphtheria, Yellow Fever, and Polio given to adults in this period.

Rubella Control

The program provides for premarital and prenatal testing of all women, and the provision of free rubella vaccine for women who are found to be non-immune. The objective is to insure that through continued surveillance and immunization, no children will be born with rubella syndrome. During this period, 144 women (71 prenatal and 73 premarital) were found to be non-immune and were offered vaccine.

All girls in Grade V are offered rubella vaccine. The program reaches ninety-five percent of girls in this age group.

Venereal Disease

Nurses cooperate with physicans to follow cases and contacts of all venereal diseases reported. There were 65 cases of gonorrhea followed in the twelve-month period.

Salmonella and other Bowel Infestations

There were 69 cases of Salmonella and other bowel infestations identified and placed under surveillance, and follow up made of 246 contacts.

Other

Tuberculin screening was carried out on 514 school staff and support staff. Positive reactors were referred for x-ray.

HEALTH EDUCATION

The Health Education Coordinator organized and planned 12 inservice programs for staff development and assisted in organizing with other Divisions and Agencies four major workshops. She organized four health education displays and participated in the health fairs in Summerside, Charlottetown, and O'Leary. Special promotional activities centered around immunization month, smoking and health week, and a breast-feeding "Blitz."

She provides regular instruction for staff to maintain C.P.R. certification, and teaches staff to do home fitness testing. She worked with the P.E.I. Divsion of the Canadian Council on Children and Youth to provide public presentations on the new child welfare legislation. As an active member of ANPEI, she assisted in their educational programs.

The Coordinator reviews and disseminates educational health literature to nursing units. She previews and recommends for purchase books, journals, and films, She acts as a resource to staff and community groups. She is responsible for updating and revising pamphlets and information kits.

The Coordinator is responsible for Planning and organizing with Supervisors field experience for student nurses, nursing assistants, Dalhousie and Memorial University students, and nurses on refresher programs. She also assists on committees and task groups.

DIABETES EDUCATION

There were 31 education sessions for diabetics at two locations, attended by 278 diabetics, and 149 family members and 18 professionals attended inservice sessions. The Diabetes Education staff provided follow-up care to 2.396 diabetics, and the staff at the Education Centre provided four out-of-town courses.

CONGENITAL ANOMALY PROGRAM

The congenital anomaly surveillance program is one of the most comprehensive in Canada. All children identified are registered. During this period, there were 158 children born with a congenital anomaly identified. These are followed by the public health nurse and support is given as necessary.

FAMILY LIFE PROGRAM

The Family Life Program continued to be active and in much demand throughout the fourth year of the project. Federal funding ceased in February, 1983, and was continued by provincial funding.

Activities which reached 4,000 persons included: Five family life courses for parents in five locations. Thirty-four presentations to Church groups, Home and School Assoc., Women's Institutes, Service Clubs, Sororities, etc. There were 8 media presentations , and 27 teaching sessions in schools as well as working with teachers, school boards, providing educational material to students.

Eleven workshops for over 500 professionals including teachers, nurses, and social workers.

Counseling over 85 youth through T.H.I.S. (Teen Health Information Services).

The Family Life Coordinator is active on Professional committees, and School Curriculum Advisory Groups. She previews and maintains a resource for circulation and loan of pamphlets, books, and A/V materials.

The Family Life Program is well established. Community Groups and individuals, as well as professionals, are becoming more and more aware of the resources available to them. Increasing utilization is expected.

SCHOOL HEALTH PROGRAM

The OBJECTIVES of the school program are to provide a knowledge of health, encourage healthy life style practices, and promote early treatment of an illness or disability. This is accomplished by counseling students, acting as a health information resource for teachers, health appraisal, screening for defects and immunization of the child. Noted defects are brought to the attention of parents so they may seek treatment. The nurse offers support and follow up as needed.

There were 6,346 children given a general health inspection. There were 1,239 children visited in the home for follow-up care with the parents. In addition, 2,248 children had their eyes tested with 343 referred, and 702 had their hearing tested with 46 referred because of defects. There were 2,752 children examined for scoliosis, with 190 referred. The nurse counseled children on various subjects, and held conferences with teachers, principals, and guidance counselors regarding matters of health.

HOME NURSING CARE

It is the OBJECTIVE of this program to coordinate and provide services that assist persons in meeting their health and related needs in the home when this is the appropriate place for care. In addition to giving greater client satisfaction, it makes more effective use of institutional beds.

The Home Nursing Care program continued to expand. Each month approximately 364 persons received home care, some daily, some twice weekly, and others weekly. A total of 4,369 persons received 17,454 visits, totalling 15,882 man hours. This is an increase of 1,103 visits over the previous year. A number of clients also come regularly to the health unit for injections, and the nurse arranges for others to visit the manors for utilization of their facilities.

The Home Care Coordinator spoke to several groups and organizations regarding the home nursing care program and services provided. She also organized and coordinated three Cardiac Education programs held at the McGill Centre. The coordinator is also director of the Island Emergency Health Services.

DIVISION OF VITAL STATISTICS

Gloria A. Melanson, Director

Purpose

The primary function of the Division of Vital Statistics is to provide a central office for the registration of births, deaths, marriages, adoptions, divorces, stillbirths and changes of name. The Division also provides regular statistical analyses on this data as well as ad hoc reporting as required.

The collection of registrations is decentralized to 17 main population centres. Deputy District registrars forward registrations to the Director of Vital Statistics for permanent filing.

The Division is also responsible for collecting the occurrences of various communicable diseases from island physicans and forwarding the totals to the Chief Health Officer. These statistics are used in epidemiological studies.

A detailed report of various vital statistics entitled "P.E.I. Department of Health & Social Services' Vital Statistics Annual Report" is printed under separate cover.

REGISTRATIONS, CERTIFICATES AND OTHER DOCUMENTS PROCESSED BY THE DIVISION OF VITAL STATISTICS

(These figures are based on the calendar year)

	1981	1982
Registrations accepted under the Vital Statistics Act:		
Birth registrations	1,868	1,917
Marriage registrations	849	855
Death registrations	972	947
Stillbirth registrations	14	15
Adoption orders	87	111
Divorce decrees	182	200
Delayed registrations	123	120
Total registrations accepted	4,095	4,165
Legitimations of birth	75	83
Corrections/Amendments made	421	395
Changes of Name recorded under Change of Name Act	100	90
Certificates issued under the Vital Statistics Act:		
Birth (Short form or plastic)	6,117	6,053
Birth (Long form)	293	278
Marriage	510	564
Death	504	538
Total certificates	7,424	7,433
Marriage licenses issued under the Marriage Act	852	853

VITAL STATISTICS

PRINCE EDWARD ISLAND, 1977-1981

	1977	1978	1979	1980	1981
Population ('000's)	120.3	122.1	123.0	123.9	122.5
Live births by residence*	1,969	1,985	1,934	1,958	1,897
Rate per 1000 population	16.4	16.3	15.7	15.8	15.5
Live births by occurrence*	1,970	1,980	1,925	1,954	1,868
Rate per 1000 population	16.4	16.2	15.7	15.8	15.2
Deaths by residence	1,046	994	1,022	989	992
Rate per 1000 population	8.7	8.1	8.3	7.9	8.1
Deaths by occurrence	1,007	971	1,004	1,000	972
Rate per 1000 population	8.4	8.0	8.2	8.1	7.1
Natural population increase	923	991	912	969	905
Rate per 1000 population	7.7	8.2	7.4	7.8	7.4

Stillbirths:					
20 to 27 weeks gestation	7	2	3	2	5
Rate per 1000 live births.....	3.6	1.0	1.6	1.0	2.5
28 + weeks gestation	14	12	14	10	9
Rate per 1000 live births.....	7.1	6.1	7.3	5.1	4.1
Maternal deaths.....	0	0	0	1	0
Rate per 1000 live births.....	-	-	-	.5	-
Marriages.....	892	939	893	939	849
Rate per 1000 population	7.4	7.7	7.3	7.6	6.9
Divorces.....	136	135	144	101	182
Rate per 100,000 population.....	113.1	110.6	117.1	81.5	148.6

* "By residence" means the death or birth of P.E.I. resident which occurred either on P.E.I. or elsewhere.

"By occurrence" means the death or birth of someone which occurred on P.E.I. regardless if resident or not.

FIELD SERVICES DIVISION

Nancy E. MacKinnon, Director

The Field Services Division is responsible for the delivery of all direct services to clients, with the exception of services provided by the Division of Aging. These services are provided through five regional offices located in the major centres of Prince Edward Island. The Division, through its five regional offices, provides the following programs:

(1) Child Welfare Services
   (a) Protection Services
   (b) Adoption Services
   (c) Foster homes - group home and other substitute care programs
   (d) Services to juvenile delinquents and their families
   (e) Services to the Family Court
   (f) Services to single and unmarried parents

(2) Visiting Homemaker Services
   (a) To the elderly
   (b) To families

(3) Teaching Homemaker Services

(4) Nutrition Services

(5) Speech Therapy and Hearing Services

(6) Day Care Service Subsidy

(7) Welfare Assistance

(8) Retardation Services

(9) Rehabilitation Services

(10) General Counselling

(11) A variety of other services related to the mental health program, school programs and various community needs.

The legislation which provides authority for the delivery of the above-noted services includes:

(a) Adoption Act

(b) Child Care Facilities Act

(c) Children's Act

(d) Family and Child Services Act

(e) Divorce Act

(f) Family Court Act

(g) Juvenile Delinquents Act

(h) Rehabilitation of Disabled Persons Act

(i) Welfare Assistance Act

With the exception of the two regional offices in Kings County, each regional office has a Regional Director who is responsible for the management of the office and delivery of services in the respective areas. The management structure of the Southern Kings and Eastern Kings regional offices is under one Regional Director with the staff of both offices reporting to him.

During the past fiscal year, the Welfare Assistance Program has received a high priority as caseloads escalated, particularly caseloads for our employment programs. As a result, special assistance was provided to the Director of Field Services by the appointment of a Co-ordinator of Welfare Assistance. The expertise of a financial analyst also was tapped in order to monitor spending trends and refine the monthly forecast system. In support of this effort, the Management and Financial Information Systems have been used more extensively.

In the Children-in-Care Program, the emphasis begun in 1981/1982 in adoption placements of special needs children has proceeded at an escalated pace, this area of adoption services having been viewed with increased importance. Beginning in 1983/1984, the Adoption Program again will be strengthened to increase the number of adoptive families available for special children.

The past fiscal year was also a very important year in strengthening the Foster Care Program. There are now three foster parent associations operating throughout the province and the foster parents have issued their first newsletter during the year. The goal will be to issue a newsletter quarterly.

The five group homes in the province are all operating in excess of capacity with serious overcrowding. There is, therefore, a need to look at the expansion of adolescent services in the near future.

In the area of staff training, several staff members obtained professional degrees.

Welfare Assistance Program

Over the past fiscal year, the Welfare Assistance Program encountered a high client demand for service. In particular, there was a significant increase in the number of applications for assistance by employables (persons who were left without jobs or opportunity for employment) primarily as a result of the downturn in the economy. Regional office management was heavily taxed as attempts were made to continue to deliver a quality service without additional staff.

In view of these trends, Departmental management made a concerted effort to identify and study the variables with which the program was attempting to cope. As a result of

this review, a number of initiatives were taken. Most notable was the decision to designate a program co-ordinator, and the development of an action plan for the program, which incorporated the elements of:

1) *High Profile on Job Creation and Employment Preparation Initiatives* - placing a higher emphasis on client participation in employment preparation or job-creation opportunities.

2) *Program Review* - including the examination of current program goals, regulations and policies with respect to the administration of the program.

3) *Program Delivery* - an examination of how the program is delivered at present, how the mechanics of delivery are affected by the higher service demand, how services might be more effectively delivered.

4) *Staff Development and Training* - to ensure that field staff understand the intent of program goals and policies, and are able to implement them effectively.

By following through on these initiatives, it is the expectation that the Department can continue to ensure that the management of the Welfare Assistance Program is efficient, responsive and responsible.

Employment Preparation Program

This program began as a pilot project in August of 1982. It operated out of a separate unit located at 180 Kent Street. The program employed three full-time staff - a project supervisor, a field worker and a secretary.

The objectives of the program were:

1) to prevent long-term dependency on welfare assistance by clients considered to have employment potential;

2) to maximize the effective use of related services;

3) to determine the value of intensive, specialized, employment-oriented services in assisting employable clients to self-sufficiency.

The staff worked with approximately 120 clients. Forty-one of these clients were employed on the Job Creation Program. Approximately ten clients gained jobs with private employers. Services such as Job Readiness Training, Employment Training Corps and the Job Search Course were utilized by approximately ten clients. The remaining clients utilized the services of Manpower. Other community resources used were the Literacy Council, the Youth Section of CEIC and UIC, and the GED exams.

Child Protection Services

The Divisional workload in Child Protection Services increased significantly over the past fiscal year. The number of active protection cases increased by approximately 30 percent over the previous year. In addition to the increase in the number of active child protection cases, there was a noticeable change in the nature and complexity of the cases; situations of quite serious child battering and sexual abuse were more evident this year than previously. The increase in the Child Protection Services caseload, together with the more difficult and complex nature of the abuse, has greatly taxed field staff who are delivering these services. The Division is going to have to make a concerted effort over the next year to ensure that field staff have the necessary support and training to continue to provide this service to the Province's most vulnerable citizens.

Effective May 1982, the Division of Field Services established an After Hours Child Abuse Referral Service. This service was a direct result of Section 14 of the Family and

Child Services Act, S.P.E.I. 1981. Section 14(1) makes it mandatory that any citizen, who has reasonable and probable cause to believe that a child may be neglected or abused, must forthwith report this knowledge to the Director of Child Welfare of the Province.

During the first year of operation, the referral service received 75 child protection concerns, and screened more than 300 miscellaneous and less serious calls. In terms of the Division's mandate to deliver protection services to children who are at risk, this service has a valuable role to play; the sooner the individual situation of child abuse is identified and referred, the greater the potential of assisting the entire family with this most difficult problem.

Speech Therapy Program

Speech therapy services were provided in the five regional offices during the 1982/1983 fiscal year. Interruptions in service occurred as the result of vacancies in Region 5 and the Queen Elizabeth Hospital, and special leave in Region 2 to allow the speech therapist to enroll in a French immersion program. The transfer of the therapist in Region 5 to the Queen Elizabeth Hospital resulted in the recruitment of a speech therapist for Region 5.

Speech therapy services were again extended through the continued use of therapy aides and volunteers. An extension of service was provided in 4 of the 5 school units as a result of the aides/volunteers.

Two speech therapy camps were held in August with 41 campers in attendance. In contrast to previous years, one camp focused on children with language delay; the second traditional camp was held for children with pronunciation difficulties.

Staff development and training was greatly expanded. All staff attended presentations ranging from aphasia workshops to sessions on motivation and assertiveness training, while several staff went to Maritime workshops, and national and international conferences.

Other changes during the year included the establishment of a computer program for school statistics. In response to an increase in the number of in-patients, a pilot project was established at the Queen Elizabeth Hospital involving the re-assignment of duties for the two part-time staff at the hospital.

In both the clinic and school program, an increase in activity was noted. In the clinic program, 279 new cases were seen and 201 cases terminated. A total of 2,932 therapy sessions were held.

Speech therapy services were provided to all school units on the Island, with priority given to the elementary schools. Grade two screening was completed Island-wide. A total of 1,819 new cases were screened in the schools with 3,721 therapy sessions completed.

The demand for speech therapy services continues to increase with the most noticeable increase in numbers in Region 3.

Children In Care

There were 205 children in the care of the Director of Child Welfare as of March 31, 1983, compared to 236 in the previous year.

Voluntary Care	36
Apprehended	21
Permanent Ward	98
Temporary Ward	25
Ward from other province	3

Follow-up to CIC	5
Adopt. Homes	13
Juv. Delinquents	4
	205

(1) Adoptions

The Provincial Adoption Registry records 101 adoptions finalized during the year compared to 91 in the previous year. Of these, 29 were wards of the Director of Child Welfare; 23 were wards of private agencies and 49 were private adoptions. Eighty-three adoptions were finalized in the Province and 18 were finalized in other jurisdictions.

(2) Foster Care

During the year, there were 167 approved foster homes, 6 approved emergency foster homes and 2 approved group foster homes in operation, as well as five group homes for the care of adolescents.

(3) Juveniles in Training School

At the end of the fiscal year, there were 2 males and 1 female in the Nova Scotia Training School under court order. During the year, there were 6 first-time admissions (5 male, 1 female) but no re-admissions. The average training school stay was 6.3 months.

Nutrition Services

Nutrition Services regional nutritionists provided individual nutritional assessment and counselling to 542 clients in 1982-83. This represents an 8% increase over the previous year. Priority for service has continued to be on high risk pregnant women (49%) and infant nutrition (35%). The completion of an extensive evaluation of the Department's Prenatal Nutrition Intervention Program for high risk pregnant women has shown many benefits of the program.

Regional community nutritionists conducted 95 nutrition education sessions during the year with almost 1,500 people participating. Those attending nutrition education sessions included: 38% - Social Services staff; 9% - Health staff; 26% - other professional groups; and 27% - community groups.

Nutritionists responded to over 700 requests for nutrition information/consultation.

Nutrition Services Program Data

Nutrition Counselling

Cases Opened in	1980-81	1981-82	1982-83
Region 1	60	80	106
Region 2	86	158	167
Region 3	93	142	142
Region 4	41	50	60
Region 5	32	61	67
TOTALS	312	491	542

Reasons for Nutrition Counselling

	1980-81	1981-82	1982-83	
	%	%	Number	%
Pregnancy	58%	52%	270	49%
Infant Nutrition	31%	36%	192	35%
Obesity	2%	4%	25	5%
General Nutrition	2%	3%	16	3%
Other (Children-in-Care, PKU, Therapeutic Diets)	7%	5%	39	8%

Nutrition Services - Nutrition Education/Consultation

Region	Number of Nutrition Education Sessions	Number of Persons Attending	Nutrition Consultations
1	14	247	75
2	30	383	223
3	24	423	97
4	17	264	231
5	10	114	145
TOTAL	95	1,431	771

WEST PRINCE REGIONAL OFFICE (REGION 1 - O'LEARY)

During the 1982-83 fiscal year, the O'Leary Office continued to offer quality service to the public, much of which is due to the continued co-operation with other professionals and organizations. Relationships that have been particularly productive this past year include those with: Addiction Services, Community Mental Health, Lennox Island Band Council, Occupational Therapist, R.C.M.P., Canada Employment Centre, and Women's Employment Counsellor.

Intake has been confronted with more difficult cases to assess this past year. Welfare Assistance referrals continue at a steady rate; however, more difficult cases and sexual assault have been confronting us. These referrals require a higher degree of skill, and fortunately, a staff person with child welfare and welfare assistance experience was willing to transfer from the field to the Intake Team.

New initiatives under the Job Creation Program added considerable extra burden to staff this past fall, but the results were well worth the effort. Fifty-two clients accepted the opportunity to work 20 weeks in a variety of jobs throughout the Region. The value of that work experience was expressed repeatedly by clients during an evaluation session during the final week.

Our welfare assistance caseload increased less than expected during the year, with an overall cumulative increase of 5.7%. The last five months of this year actually saw a decrease over the corresponding months the previous year. This is attributed, in general, to the expanding Federal Community Projects and, in particular, to the Job Creation Program of our own Department. The average cost per case increased by 10.6% which is pretty much in line with the consumer price index increase. The average monthly caseload for fiscal year 1982-83 was 528 compared to 499 in the 1981-82 fiscal year.

Homemaker services continue to be in high demand. The role of Homemakers in this Region has expanded in the area of providing support in protection cases, both to the family and the protection workers.

The Group Home had a successful year, operating with a full staff complement and an average of 5 children per month in the Home. There has been increased service to the residents of Lennox Island, especially in relation to placement of Indian children in the Group Home. As we have worked more closely with these families and the Band staff, it has prompted more referrals of other family problems.

During the summer of 1982, three persons hired through a Federal Project, sponsored by the Advisory Board, worked very closely with Region 1 office in their task of compiling available resources to be included in the Emergency Welfare Services Plan for West Prince. Also during the past summer 3 students worked on a Family Support/Recreation Project providing recreational opportunities for special needs children and children of parents under stress. Feedback from parents and staff was very positive.

In summary, the O'Leary Regional Office was able to offer quality services due in part to the dedication of all regional staff.

SUMMERSIDE AND AREA REGIONAL OFFICE (REGION 2)

In the past fiscal year, our total serviceload took a 2.8% decrease from 1,858 in April, 1982, to 1,805 in March, 1983. Our financial assistance service went from 838 in April 1982 to 818 in March 1983, a decrease of 2.4%. Our child protection service went from 32 in April 1982 to 49 in March 1983, an increase of 53.1%.

The relative stability in the welfare assistance caseload can be attributed in part to the Job Creation initiatives by our own Department and by various Canada Employment initiatives. Region 2 successfully placed 47 clients in the Job Creation Program, sponsored by the Department. As in other regions, we experienced an increase in employable clients coming in to apply for assistance and were able to refer some to the Job Creation Program.

The dramatic increase of 53.1% in Child Protection Service can be attributed to increased community awareness of the Family and Child Services Act, as well as increased assessment skills on the part of our social workers. The complexity of the cases was much higher than usual with more sexual abuse/incest being reported. As well, there was an increase in high-risk infant protection cases. These complex cases necessitated many hours of consultation and planning on the part of social workers and supervisors with related professionals in the community who were unsure of their roles in such cases. Limited resources were available from Central Office because of a vacancy at the Senior Social Worker level. Most cases resulted in a cooperative case plan with families, including voluntary care agreements for the children, with a small number of cases ending up in Family Court.

The P.E.I. Foster Parents' Association, Chapter I was solidified within 1982-83. Membership continued to grow. A constitution was ratified. The Chapter was active in the National Foster Parents' Association, and published the first Foster Parents' Newsletter - "The Sustenance". This Chapter has been successful also in planting the seed for other Chapters in the Province, with Chapter 2 starting in the West Prince region.

The regional Child-In-Care Resource Committee was active in recruiting nine emergency foster beds in the year, one of them being for young pregnant girls requiring extra care and supervision. The Committee has also reviewed assessment procedures for prospective foster parents and is exploring group assessments as a process, as has been done with adoption applicants.

The Adolescent Group Home serviced fourteen different children during the year. Length of stay varied from a few weeks to twelve months. These youth exhibited more disturbed behavior patterns than youth serviced in previous years. A close liaison resulted with Community Mental Health and Hillsborough Hospital Adolescent Unit in developing a workable plan for each resident.

There was a high component of training and orientation during the year because of the addition of 3 new staff, two being on the Intake team. An office orientation package was developed by one of our senior secretaries for use with all new staff.

Staff were active in community presentations in relation to the new Family and Child Services Act. Presentations were made to various women's groups, individual schools and teachers' workshops for the School Unit.

This 1982-83 fiscal year was very busy for all staff with Intake staff encountering an increase in appointments and a resulting increase in refusals for service (for various reasons) from 18 in April, 1982 to 44 in March, 1983. Staff involved in Welfare Asssitance Service were continuing to focus on employability and Job Creation. Staff involved in Child Protection were active in working on some of the most complex cases to date in the field. The clerical supports had to reassign responsibilities to meet the changing demands. In summary, all teams worked cooperatively to service the public.

CHARLOTTETOWN AND AREA REGIONAL OFFICE (REGION 3)

Welfare assistance caseloads continued their upward climb with the usual summer dip. The peak loads in March 1982 and March 1983, were 2,435 and 2,564, respectively, yielding an increase of 129 cases. This peak load increase is down by 7 cases from 1981/1982.

The summer low point occurred in July 1981 at 2,297 cases and in 1982, the low arrived in June at 2,266 cases. This decrease of 31 cases vanished by July 1982, with an increase of 34 cases over July 1981.

Overall services between March 1982 and March 1983, increased by 134 services, which, although an increase, is actually a reduction in the rate of caseload growth compared to last year.

The current emphasis on reduction of Government spending resulted in an audit of approximately 700 cases. This audit commenced in late March 1983 in an effort to improve case management. It is anticipated the results of this audit will produce more standardization of procedures, less time spent on repeated paper work and thus more efficient service to clients.

An alarming increase in the number of serious protection cases has stretched the Protection Team to the full extent of their capacity.

In spite of these pressures, the quality of protection work has improved. More use is being made of community resources and working relationships with the school system; the hospital and the Catholic Family Service Bureau have been strengthened.

Workers have strenghtened their abilities to work co-operatively with abusive parents, thus reducing the use of the court system. A number of children (all adoptable) from long-term multi-problem families have been placed in stable homes of relatives. As foster homes for young unmarried mothers do not exist, workers have found placements in family settings or in supervised room and board situations.

Statistics on protection cases reveal an increase of 25 percent from March 1982 to March 1983 (69 cases to 92 cases). Sexual abuse and incest account for a considerable proportion of the increase. Reports on sexual abuse are now being received on middle-class families.

This increase in the reporting of child abuse can be attributed to several factors:

1) more education on child abuse by the Department;

2) an increase in the number of families who lack extended family and social connections;

3) the media have recently presented several excellent documentaries on sexual abuse;

4) the Island-wide child abuse telephone reporting system;

5) increased pressure on family relationships due to economic hardship and the ever-present threat for many people of being laid off from their jobs.

Should the increase in workload continue, the quality of protection services will decline as workers struggle to cope with volume.

Day Care Services are utilized by workers to relieve the pressure of constant, continual child care for parents under stress, and to provide a stimulating learning environment for children who appear to lag behind in their social development. Although the number of services to clients dropped from 164 in March 1982, to 147 services in March 1983, this does not necessarily indicate a drop in daycare hours purchased.

During the past fiscal year, an Island-wide child abuse telephone service was developed by the Department. The abuse line is listed under "Emergencies" on the inside cover of the telephone directory. This line is now being used frequently by citizens to report suspected cases of child abuse.

The Prince Edward Island Association of Social Workers, with the aid of the Department of Health and Social Services, organized an excellent workshop on incest and sexual abuse. An experienced specialist from Ontario conducted sessions on diagnosis, legal implications and treatment. Such workshops assist workers to be more aware of sexual abuse situations and teach how to temporarily prevent continuance of the abuse. Methods of long-term treatment were presented but, unfortunately, it requires more than a two-day session for people to develop expertise in such treatment methods.

The new Child Welfare Legislation not only created a need to educate the community about the new laws, but it created a demand from the community to learn about this legislation. Many workers with expertise in this area have been involved in speaking to the public, often in evening hours.

The initial steps to create a Foster Parent Association in Region 3 were taken during the past fiscal year. Success has been the result of this new endeavour and the Association is meeting on a regular basis. This Association provides opportunities for foster parents to share common problems, to learn from each other and to work more closely with professionals in the field. This Association may also serve as a means of recruitment of additional foster parents and as a method of enhancing service to children in care.

Due to the growth of the waiting list of adoptive parents and the length of time between the initial adoption assessment and the final placement, it was decided to discontinue adoption intake assessments until the waiting list of approved adoptive infant homes is reduced. Priority is still placed on assessment of couples willing to adopt older children.

An addiction liaison officer was appointed temporarily in 1982/1983, to assist in the processing of the referrals between the clients of the Department and the Addiction Services Program. This role also includes education of workers in each agency of the programs and services of the other agency. A good number of staff from Region 3 attended training sessions on addiction programs. The liaison officer is consulted regularly by all workers in Region 3 around assessment, case plans, referrals for service of clients who suffer addiction either to alcohol or drugs.

SOUTHERN KINGS AND EASTERN KINGS COUNTY REGIONAL OFFICES

(Region 4 - Montague and Region 5 - Souris)

In Kings County, 1982/1983 was a productive and busy year. The one-management system for the County had advanced whereby it became fully integrated and accepted within the regional offices. As a result, supervision and management time was well spent in pulling together and concluding issues in relation to the one-management system, as well as developing a county work plan in all program areas.

For a brief period during the year, all staff positions were filled. However, as a result of a retirement, a resignation, and a transfer, the offices were left with a vacant Homemaker position, a Social Service Worker II, and a Social Worker II position. These vacancies presented impediments in realizing some work plan items, as well as placing extra duties and responsibilities on other staff. Unfortunately, due to recruitment restrictions, a full staff complement could not be maintained during the year.

Over the year, both offices were able to take advantage of the Departmental Job Creation Program. In total, six individuals were hired from the caseload and worked in the following capacities: Homemaker Aids, Welfare Assistance reviews, secretarial and clerical. All placements worked out well. The Job Creation Program was also well received in the community. Consequently, there were many clients placed with various agencies throughout the County.

Relocation of the Murray River Children's Group Home remains an agenda. Up to year end, various endeavours have been pursued without success. Aside from relocation, the Group Home had an active year. This activity was attributed to full occupancy, turnover in managers, hiring of new relief staff, and work on a one-to-one basis with more difficult wards. The one-to-one has proven to be very successful.

Other activity in the Child Welfare Program includes the following: a fairly active Child Care Resource Committee, permanency planning of wards, a foster home review, up-date of children-in-care files, statistics, and on-going staff training. Child protection and children-in-care caseload demands remained consistently steady throughout the year.

Intake demands were consistently busy over the year. For the fall peak period we were able to draw upon all staff resources to assist with Intake. This was made possible with the expectation placed on staff to manage their workload over the summer to allow for time during the fall. This proved to be successful.

The Departmental concentration on the Welfare Assistance Program over the year has meant a higher profile for this program in the County. Consequently, Intake staff and those staff with Welfare Assistance as a primary responsibility have had new expectations placed upon them in relation to file documentation, verification, policy implementation, coding, job creation, and auditing. As well, these expectations have meant increased activity for Processing staff in their monitoring and processing of files.

With the Welfare Assistance Program, decisions have been made around its overall management and administration in relation to caseload. As a result of these decisions, cases were categorized according to specific criteria and assigned in accordance with the level of activity deemed necessary to continue on-going eligibility.

The service caseload for March 1983 in comparison to March 1982 is as follows:

Montague Caseload	Current	Active in Month
March 1982	766	858
March 1983	803	929

Souris Caseload	Current	Active in Month
March 1982	548	628
March 1983	567	629

There was an increase in 71 services for the Montague office and one for the Souris office. In Montague, no service showed a significant increase to acount for a major percentage of the 71 services. All services showed slight increases. The Welfare Assistance caseload remained fairly consistent in both offices.

Community activity continues to be high. Over the past fiscal year, staff have responded to many requests from the community in the form of consultation, planning and presentations. These requests have come from Group Home Boards responsible for residential services to the mentally retarded, sheltered workshop boards, schools, Addiction Services, daycare centres, Community Mental Health Division and others.

As previously stated, the year has been busy. All staff have worked hard in their respective program and responsibilty areas.

SERVICE BREAKDOWN BY REGIONAL OFFICE
For March 31, 1982, and March 31, 1983

SERVICE	O'LEARY		SUMMERSIDE		CHARLOTTETOWN		MONTAGUE		SOURIS		CENTRAL OFFICE		PROVINCE*	
	MAR/82	MAR/83	MAR/82	MAR/83	MAR/82	MAR/83	MAR/82	MAR/83	MAR/82	MAR/83	MAR/82	MAR/83	MAR/82	MAR/83
Financial Assistance	546	508	838	818	2,639	2,752	564	561	384	375	2	5	4,958	5,010
Rehabilitation	38	23	22	12	80	109	20	13	20	2	1	-	181	158
Visiting Homemakers	97	120	137	143	149	147	48	56	28	28	-	-	459	493
Homehelpers	7	8	35	33	60	39	15	10	12	15	-	-	126	103
Day Care	18	22	35	33	173	153	33	31	28	14	-	-	284	253
Nutrition	30	60	57	65	79	75	36	23	44	48	3	1	243	270
Speech Therapy	51	48	62	82	94	135	20	18	21	24	-	1	248	308
Counselling	34	38	26	17	155	118	59	31	27	15	-	1	298	219
Intake Review	-	-	-	-	3	4	-	9	-	1	-	-	3	14
Juvenile Delinquent	21	4	24	28	27	18	8	8	9	16	-	-	89	73
Protection	19	14	30	49	83	105	9	12	7	4	-	-	146	183
Children-in-Care	28	28	58	51	109	98	31	24	4	8	20	13	244	220
Adoptive Parents	5	8	41	44	66	63	11	15	14	14	1	-	138	144
Foster Parents	27	25	44	43	69	66	18	18	8	9	-	-	166	161
Audiology	33	109	87	233	140	598	25	100	28	56	1	9	314	1,100
Case Alert	-	-	-	-	-	-	-	-	-	-	8	184	8	184
Private Adoption	1	1	6	6	2	-	1	-	-	-	-	-	10	7
TOTAL SERVICES	955	1,016	1,502	1,657	3,928	4,480	898	929	634	629	36	214	7,917	8,900
TOTAL CASES	812	836	1,327	1,443	3,333	3,775	742	786	499	521	34	209	6,743	7,570

* The Provincial Totals may not add horizontally because services/cases transferring between regions are counted in both locations

DIVISION OF SERVICES TO THE AGING

L. G. MacNevin - Director

The Division of Services to the Aging began operation in 1971 as a part of the then Department of Welfare, later Social Services. Annual Reports of the Department for the past ten years have chronicled the evolution of the Division. It progressed from one dedicated to the care of elderly citizens of Prince Edward Island who were residents of homes for the aged, to that of a wider mandate of bringing services to the elderly who resided in their own homes. This Report will not attempt to detail the various activities which are daily taking place within the several Homes of the department and the communities at large. It is a narrative report touching on the highlights of the year irrespective of the location of the event; some of the problems experienced over the year and our hopes for the year ahead.

Recognizing the need for restraint in government spending, the department in turn imposed budget restrictions on the Division of Aging, and at the same time insisted that the high quality of care being given to the residents in our Homes was to be continued.

To accomplish that objective the Homes, with the assistance of divisional staff, faced a major program of the reorganization and realignment of some 450 staff members employed in our Homes. The plan submitted to government is basically that of reducing the number of full-time employees in favor of the use of part-time workers. While fewer people will have full-time work there will be a greater number of people getting employment for short periods of time. Untold hours are being devoted to this project so that there will be a fair distribution of work; that careers are not unduly affected; and, that requirements of the Agreement with the Public Service Association and the Civil Service Act and Regulations are met.

The 1981-82 Report contained sections devoted to the Community Based Services to the Elderly and the Community Care Facilities programs respectively. As of 31 March 1983 these programs are "on hold" for good reason but are slated to get underway in the fiscal year ahead.

Through the efforts of the Division, the department was awarded a grant from Health and Welfare Canada, Health Promotion Directorate, in the amount of $205,000 to establish Educational Programs for the Aged. In summary, this is a two dimensional program consisting of an Intergenerational Program in the classroom and Education and Training for Professionals and Service Providers. The goal of the first mentioned segment is: to foster positive attitudes among youth about the elderly and aging process. This will be done by introducing older people into the classrooms of elementary, secondary and high schools. The second segment goal is: to provide education and training to health and social service personnel and other service providers (1) on geriatrics and gerontology (2) on their role in the promotion of health lifestyles and positive attitudes. The program is designed to run for three years and should be underway early in the 1983-84 year.

In October of the 1983-84 year there will be two major events taking place which should be of interest to all the elderly and those who work with them and for that matter all citizens. One is the Annual Scientific and Educational Meeting of the Canadian Association of Gerontology which will take place in Moncton, N.B.; and the other is the Canadian Conference on Aging to be held in Ottawa beginning on the 24th. This is a follow up meeting to the General Assembly on Aging held in Vienna in August 1982, which our Minister attended.

Another program which demanded inordinate staff time and input were the designing and planning of the new seventy-five (75) bed Home which is to be built in Summerside and staff worked in co-operation with officials from C.M.H.C., Provincial Housing Corporation, Department of Transportation and Public Works and the architects. The target date for the "breaking of ground" in mid-June 1983.

The planning for the renovations of the P.E.I. and Charlottetown Hospitals and for the staffing needs should these old hospitals be converted to Homes for the Aged, was also a major undertaking. In addition to the officials mentioned above, staff members from Beach Grove and the Provincial Home for the Aged added their expertise to the exercise.

As mentioned earlier in this Report, the daily activities ongoing in the Homes will be restricted to events that are beyond the general routine. At the same time it should be repeated over and over again that the Homes and Manors are providing a high quality of care to their residents. Many letters of appreciation are received from the families of the residents expressing their views that our Homes are second to none in Canada or the U.S.A. Each and every year new and creative ideas are put to practical use in the Homes for the benefit of the residents. It is worthy to note that good care is not taken for granted but is consistently reviewed and improved.

Homes and Manors

It is with deep sorrow that we record the sudden death of Mr. Douglas Adams, Administrator of Maplewood Manor, Alberton. Doug was a valued member of the Division for some ten years and gave unstintingly of his time and talents. He was equally concerned with the Community in which he lived and in his Province as a whole. He will be missed, yet he will be remembered.

It is most pleasing to observe that the residents of our Homes were most active during the past year through their Senior Citizens Clubs and Residents Council. They were successful in obtaining grants through New Horizons, Canada Council, Summer Canada Works, N.E.E.D.S., Katimavik projects. All grants were used for improvements within the Home or in the elderly community at large. It is worthy to note that one Home published a book entitled "Down Memory Lane" as one of the grant projects.

Day Programs whereby residents of the Community come to the Home for one, two or more days per week, are very popular and on the increase. Resource cutbacks may force the Homes to limit this service.

Respite Care whereby a person is admitted for a 4 to 6 week period to relieve the caregiver or to extend care for a general hospital resident for convalescence or rehabilitation. The reverse of respite care program is where the residents of the Home return to their families for a period of time, a weekend or longer. It is pleasing to note an increase in the use of this program.

Another innovative program is that of the day program for children, whereby the children are integrated with the elderly residents of the Home for a period of time each day. This can be done in a group setting or on an individual basis. This program has caught the eye of many in the geriatric field and many requests for information have been received.

The Homes and Manors' philosophy of being part of the community gathers momentum each year and it is worthy to note that our Homes are gaining wider acceptance by community groups. We point to the Meals-on-Wheels programs that are being supported by the Homes, and involvement by Home and Manor residents in community projects such as exhibitions, craft fairs, etc. Some of them have won prizes for floats entered in parades, i.e. Summerset Manor's float at Lobster Carnival, Beach Grove's float at the Gold Cup and Saucer Parade.

This Report would not be complete were reference not made to the debt owed by all concerned to the dedication, concern and devotion of the staff of the Division. Quality care cannot be provided without quality staff which this Division has in abundance. Not only must they care for the residents needs each day, but they must also devote time and effort

to self-education and to attendance at workshops, seminars and so on. The care of the elderly is not a static routine procedure, but is a dynamic, ever-changing art and science as more and more is learned and discovered about the aging of the body and the mind. The resources devoted to the research of this phenomena are belatedly on the increase, and it is fair to state that our knowledge of the aging process is not that great at the present time. Accreditation status awarded to our Homes by the Canadian Council for Accreditation of Long Term Care Facilities of the Canadian Hospital Association validates the dedication claimed for our staff in the Homes and Manors.

In the matter of long term planning, this observation needs to be made. The census figures from Statistics Canada for the year 1971 lists the population of Prince Edward Island at 111,640. The 1981 Census data counts 122,510--an increase of 10,870 or 9.7 percent. For the same period the number of residents age 65+ was 12,345 and 14,896 respectively--an increase of 2,551 or 20.6%. With respect to the number of persons aged 65+ as a percentage of the total population in 1971 it was 11% and in 1981 it was 12%.

It will be necessary to study the implications of the increase in our elderly population given the fact that the nursing homes are now filled to capacity. At present resources are insufficient or non-existent to bring services to the person's home. There does not appear to be sufficient boarding homes to meet the demand. Housekeepers are not available to "live-in" or indeed to do part-time work in areas of the Province.

For the incoming year we are looking optimistically to a further advance in the methods of serving our elderly citizens by getting the Community Based Services Program underway, by upgrading the care given by the facilities offering services in the community, and by the construction of the new manor in Summersdie, and starting full integration of part-time staffing.

ANNUAL REPORT OF RESIDENTS
ALL HOMES AND MANORS
1982 - 1983

			UNDER 60	60 64	65 69	70 79	80 89	90 99	100 OVER	TOTAL
1. RESIDENTS as of 1 April, 1983		M								187
		F								297
2. NEW ADMISSIONS:	Hospital	M	-	-	1	4	9	2	-	16
		F	-	-	2	6	15	11	-	34
	Psychiatric	M	-	-	-	-	-	-	-	0
		F	-	-	-	-	-	-	-	0
	Community	M	1	4	3	9	8	2	-	27
		F	-	1	1	5	15	6	1	29
	Other	M	-	2	1	2	3	-	-	8
		F	-	-	-	4	1	2	-	7
3. RE-ADMISSIONS:	Hospital	M	-	-	2	2	3	-	-	7
		F	-	-	1	3	9	7	-	20
	Psychiatric	M	-	-	-	-	-	-	-	0
		F	-	-	-	-	-	-	-	0
	Community	M	-	-	-	-	3	-	-	3
		F	-	-	-	-	-	-	-	0
	Other	M	-	-	-	-	-	-	-	0
		F	-	-	-	-	-	-	-	0
4. DISCHARGES:	Hospital	M	-	-	2	2	2	1	-	7
		F	-	-	1	2	8	8	-	19
	Psychiatric	M	-	-	-	-	-	-	-	0
		F	-	-	-	-	-	-	-	0
	Community	M	1	-	-	2	8	1	-	12
		F	-	-	1	2	3	-	-	6
	Other	M	-	1	-	-	-	-	-	1
		F	-	-	-	1	-	-	-	1
5. DEATHS: (In House)		M	-	-	-	6	7	8	1	22
		F	-	-	-	6	23	21	1	51
6. RESIDENTS as of March 31, 1983:		M	4	8	11	52	86	31	3	195
		F	-	4	12	55	143	80	3	297
7. TOTAL RESIDENTS:			4	12	23	107	229	111	6	492
8. DISCHARGES TO HOSPITAL WHERE DEATH LATER OCCURS:		M	1	-	1	5	5	1	-	13
		F	-	-	-	1	4	6	-	11

	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	TOTAL
CAPACITY	14880	15376	14880	15376	15376	14880	15376	14880	15376	15376	13888	15376	181,040
RESIDENT DAYS	14438	14966	14414	15019	14839	14371	14889	14510	15075	15013	13367	14955	175,856
OCCUPANCY	97.0	97.3	97.4	97.7	96.5	96.6	96.8	97.5	98.0	97.6	96.2	97.3	97.1

	Years	Months	Days
AVERAGE LENGTH OF STAY:	4	5	11

SPECIAL SERVICES DIVISION

Lynn Ellsworth, Director

General

This was another year of change for the Special Services Division.

Further steps in the process of Departmental amalgamation resulted in a transfer of the "Research, Evaluation, and Development" Team and its responsibilities to the Policy and Planning Unit, and a transfer of the Health Promotion function and its officer from Policy and Planning to Special Services.

Early in the year, responsibility for Sherwood Home was transferred from the Field Services Division to Special Services to bring it into the mainstream of development in the Mental Retardation service system. This has resulted in more direct attention to future planning and better co-ordination with other mental retardation services. At the same time, the two Departmental Group Homes for mentally retarded adults were turned over to the Community Association for Residential Services, an agency which aims to offer a continuum of residential services to mentally retarded persons through a network of residential programs.

Mid-way through the year, a new Team was created through the re-assignment of several staff members. As its first responsibility, the Employment Development Team implemented the Job Creation and Placement Program. This special program was designed as one of the Department's responses to the rapid and continuing increase in the number of employable recipients of Welfare Assistance.

Special Services continues to carry responsibility in the following areas: Program Management, Program Planning and Development, Policy Development, Program Co-ordination, Consultation and Professional Support, Development and Monitoring of Contractual Agreements, Departmental Representation on Boards, Committees, and Task Forces, Federal-Provincial Cost-Sharing arrangements under CAP and VRDP, and general information management.

The Division's role in research and evaluation has been limited, but not eliminated.

In spite of reduced staff resources, work demands continue to grow, particularly from outside the Department. Originally, the Special Services Division was an internal support Division. In recent years, however, it has taken on a number of direct service responsibilities and its role in outreach, community support, and community development became a higher priority in 1982-83.

Major Results

(1) Services to the Mentally Retarded

Following the laying of a solid foundation in 1981-82 for the development of Mental Retardation services, great progress was made in 1982-83.

The Co-ordinator of Mental Retardation Services, in consultation with the Field Services Division and CAMR, developed a job description for M.R. Specialists, and participated in recruitment and selection for three such positions.

Divisional staff participated in service planning in a number of areas, specifically in relation to integration of severely handicapped children into the Education system, amalgamation of the vocational services of the Occupational Training Centre and Atlantic Specialized Industries, and development of a Provincial Advisory Council on Mental Retardation services.

And finally, considerable training was conducted with staff of Sherwood Home, Hillsborough Hospital, Group Homes, Sheltered Workshops, and Special Education programs, to implement program resource materials developed by the Special Services Mental Retardation Program Development Specialist.

Sherwood Home

The past year has presented new challenges as well as many changes at Sherwood Home. Recognition must be given to staff who remain very dedicated and are committed to improving the functional level and life styles of the mentally retarded children they serve.

During the past year, senior staff at Sherwood Home and Special Services Rehabilitation Team worked together to present a proposal to develop community-based services for mentally retarded children and to decentralize Sherwood Home; this proposal has been approved in principle by the Department of Health and Social Services. It includes principles for services for mentally retarded children as well as objectives for a 3 to 5 year plan to develop community based services for all mentally retarded children.

In November, 1982, three teenage girls who were long term residents of the Home, transferred into a group home under the auspices of C.A.R.S., whose program had been revamped to serve the needs of the more severely retarded. We are happy to report that these individuals have adjusted well to their new Home and are happy to be participating regularly in community activities.

During the year, two severely retarded children from our day program were integrated into a regular community day care center accompanied by a staff member from the home. This program provided the opportunity for the children to peer model the behaviour and special skills of higher functioning children.

During the year child conferences were held weekly and staff meetings once a month. Sherwood Home has served as a practicum site for three students from the Mental Retardation Program at Holland College. Students from the School of Nursing and the Nursing Assistant School have all been orientated to the Home.

Several Short In-service sessions were held with staff on systematic instruction, SPA assessment and behaviour therapy. As well, several staff were invovled in courses at U.P.E.I. and Holland College.

The Admission-Discharge Committee met when necessary through-out the year. Dr. J. H. O'Hanley continued to provide medical support by visiting the Home on a regular basis; we wish to thank him for his continued co-operation and support.

STATISTICAL REPORT

Total Admissions	72
Long-term Admissions	2
Respite Care Admissions	70
Total Resident Days	7,229
Average Daily Occupancy	19.8
Number of Discharges	74
Number of Day Students	6

(2) Early Childhood Development/Day Care

Prevailing economic problems during the year had a severe impact on the Day Care field; as increasing operating expenses overtook income, five centres closed, and many others experienced financial difficulties.

The Day Care Co-ordinator, in her role as professional consultant, undertook a variety of approaches to supporting Day Care services; these included the development of free program resource materials (monthly newsletters to operators, Parents Guide to Early Childhood Programs - a resource for parents and field staff, Curriculum Guide for Day Care Programs); staff development and training for day care operators and staff (Parent Involvement, Basic Bookkeeping, Supervising Staff, Good Ideas, Toy Safety, Learning Disabilities). In addition, the Co-ordinator conducted workshops on Phases of Child Development (for a women's Group in Montague, and at the Vernon River Community School course on early childhood; and also worked with various groups around how to start a program and developing program content (St. Theresa's, Kid's World - Summerside, O'Leary Kindergarten, Kiddietown).

In partial fulfillment of the Department's agreement to support P.A.L. (a mobile parent and child resource centre funded through the National Health and Welfare Demonstration Grants Program), the Day Care Co-ordinator served as Departmental representative on the PAL Board during the program planning and early implementation phases. This project was formally operationalized on April 1, 1982.

The Co-ordinator delivered a presentation on "Day Care in P.E.I." at the P.E.I. Advisory Council on the Status of Women Conference, Women In the Island Economy. She also served as workshop presentor and facilitator at the 2nd Canadian Conference on Day Care held in September to identify Day Care issues and priorities in Canada.

As the year ended, two studies were being conducted to provide Government with information on needs and problems related to child care.

Child Care Facilities Board

During 1982-83, the CCFB met seven times. Licenses were issued to a total of 72 facilities consisting of 28 full day programs (day care) and 44 half day programs (kindergartens and nursery schools). During the year, five full day programs (64 spaces) and two half day programs (34 spaces) closed. As well, four new full day programs began operation (involving 36 spaces) and three new half day programs opened (involving 33 spaces). There was a loss of 28 full day spaces in the Province with the number of half day spaces remaining roughly unchanged.

Membership on the Board changed somewhat during the year because of expired terms of office, and replacements were found for a member-at-large, a representative of the Early Childhoold Development Association, and the representative from the Community Hygiene Division.

During the year the Board provided input to the Minister of Education in response to the report of the Ministerial Advisory Committee on Curriculum.

The Board reviewed a variety of concerns that were raised by members of the public regarding compliance of some centres with the Child Care Facilities Act and Regulations and continued its efforts through the media to increase the public's awareness of existence of the requirements of the licensing process.

(3) Speech Therapy

The Co-ordinator of Speech Therapy Services continued to be very active in the community, in addition to serving as Co-ordinator and consultant to the Field Services therapists and supervisor of the Audiology program.

She participated in post-relocation activities to establish the Rehabilitation Speech Therapy program and the Audiology clinic in the new Queen Elizabeth Hospital, and undertook an evaluation of the Q.E.H. Speech Therapy In-and-Out-Patient resource needs.

Training activities were conducted in the areas of gerontology, stroke-related disability, speech and hearing problems in mental retardation, and laryngectomy. These programs were offered for Nursing Attendants, Student Nurses, Speech Therapists, and staff of the nursing homes and manors. In addition, the Co-ordinator made two presentations at U.P.E.I. courses on exceptional children. As well, the Co-ordinator participated in two Health Fairs and Speech and Hearing Month activities.

She continued to provide consultation to Holland College for the "English as a Second Language" program, and to supervise three Field Services therapists in the acquisition of their American Certificates of Clinical Competence.

At last, the school Speech Therapy program statistics were computerized in a special survey data base, providing the potential for greatly simplified data tabulation and retrieval.

(4) Audiology

Full-time Audiology Services continued to be provided to P.E.I. residents during the past year.

Weekly regional clinics were maintained in Charlottetown with monthly clinics in Alberton, Souris, and Montague. With the establishment of additional private resources in Summerside, the weekly Summerside clinics were reduced to approximately 3 per month. During the year, 196 clinic days were held.

Excess service demand necessitated revision of the Audiology policy. Changes included termination of the "Open Referral" policy and referral to the private sector for those adults requiring hearing aid evaluation. The primary impact on the system has been a decrease in waiting lists. The maintenance of Conductive Hearing Loss clinics has also helped to reduce waiting lists.

During the year, the Audiologist utilized several days for in-service training and presentations. Groups addressed included, Speech Therapists, Public Health Nurses, Medical Society, Worker's Compensation, Grand Rounds at QEH, Field Services, staff at Government Manors, and nursery staff at the local Island Hospitals.

The Early Detection of Hearing Loss program was continued and dispensing of hearing aids for clients of the Department continued to be contracted to Audio Consultants of Prince Edward Island.

The demand for service continues to grow in Charlottetown, has declined in Prince County, and has stabilized in Souris and Montague.

(5) Nutrition

Special Services Nutrition Co-ordinator continued to co-ordinate the Department's Nutrition program and to provide regular consultation to Field Services Regional Nutritionists and Directors. As in the previous year, the position was filled by

two part-time nutritionists who together worked to ensure that the importance of nutrition in health and well-being is acknowledged and given a high profile within the Department.

Important accomplishments in the area of pre-natal nutrition included completion of a extensive evaluation of the Department's Pre-natal Nutrition Intervention Program which showed many benefits of the program, and participation on a joint Federal-Provincial committee developing a National 5-Year Plan in this area.

The Nutritionists played a valuable role in consultation and education. Such activities were carried out in the community and within government, both for professional and lay groups or individuals. Approximately 25 education sessions were held and over 200 individuals consulted the nutritionists with a nutritionist concern.. Activities of particular interest in the community included providing policy support to the Queen Elizabeth Hospital on maternal and infant nutrition, presenting a paper on nutrition in adolescent pregnancy at an International Symposium on Adolescent Nutrition held at U.P.E.I., and supervising the field rotation of a dietetic intern.

In support of other Departmental programs, the nutritionists conducted workshops and developed resource materials for Group Home and Day Care Centre operators, assisted in an audit of residential services for mentally retarded adults, and provided continuing education/consultation to the Division of Nursing Child Health Program.

Accomplishments in the administrative area included revision and updating of the Nutrition policies, management of the Nutrition Services budget and investigation of the implications and feasibility of an expanded Nutrition program.

(6) **Health Promotion**

Priorities in Health Promotion this year were Smoking Cessation and Infant Car Restraint.

The Health Promotion Officer was a member of the Federal-Provincial Health Promotion Advisory Committee, the Atlantic Region Health Promotion Committee, and the P.E.I. Council on Smoking and Health. Through these groups, she participated in the development of a Parent Resource Kit and the development of two non-smoking resource programs ("Generation" and "Time to Quit"). Through her efforts, a number of Departmental staff were able to join a 5-day On-the-Job Non-Smoking Clinic, with excellent results. And in the spring, the 4 mile Non-Puffers Pace attracted 37 runners between the ages of 10 and 60.

Health Fairs organized for Charlottetown and Summerside involved displays by 39 participating organizations promoting physical health and fitness, mental and emotional health and well-being, and accident prevention. A Federal Health Promotion display was included in the Annual Meeting of the Canadian College of Family Physicians.

In the winter, the Health Promotion Officer began to develop an Infant Car Restraint program, and undertook negotiations with volunteer groups for implementation of local safety programs for parents and their infants. The result of these activities was "Operation Buckle-up-Baby", which involves the availability of approved infant car seats for 9-month lease at minimal cost to parents of newborns. By year end, the program was available in Charlottetown and Montague, and a commitment had been made to begin it in Summerside.

The Health Promotion Officer was also busy with a number of short-term projects, such as an awareness campaign during National Non-Smoking Week.

In spite of the results of this program during its first year in the Division, the decision was made to terminate Health Promotion as a discrete program due to budgetary restraint.

(7) **Job Creation and Placement**

This program, new in 1982-83, was highly successful. It identifies employable recipients of Welfare Assistance, and matches them with appropriate short-term work assignments in government and voluntary/non-profit organizations.

The program's primary objective at inception was to place 100 clients in jobs. By the end of March, close to 300 clients had been placed.

Feedback from both clients and employers was very enthusiastic.

(8) **Miscellaneous**

Special Services has always had a capacity for handling miscellaneous projects and on-going assignments not directly related to any one Division or program, but certainly significant to the Department as a whole.

Some examples of such projects undertaken this year are:

- planning and implementation of a pilot project to demonstrate the value and feasibility of recovering from Unemployment Insurance, Welfare Assistance benefits paid during Unemployment Insurance delays.
- preparation of an information package on the rights and responsibilities in rental agreements between Welfare Assistance recipients and their landlords.
- provision of consultation/liaison to the Federal government in a National study of sexual offences against children.
- development of a simplified format for "Program Directions", and production of these planning tools for most social programs delivered by the Department.
- Departmental representation on a Provicial working party planning the development and implementation of services under the proposed Federal Young Offenders Act.
- formulation of new Terms of Reference for the Board of Governors of Hillsborough Hospital.
- development of personnel policies for the P.E.I. Transition House Association.
- evaluation of the first year's operation of P.A.L. in Kings County
- investigation and analysis of proposals for funding of new services and systems.
- investigation/negotiation of cost shareability of new programs and services under the Canada Assistance Plan and the Vocational Rehabilitation of Disabled Persons Agreement.
- negotiation/monitoring of roughly 20 Purchase of Service Agreements.
- conduct of five program audits in the Mental Retardation Service system.
- Departmental representation on over 35 Committees, Task Forces, Advisory Groups, and Boards.
- maintenance of service manuals and data tables.

- response to over 65 requests from across the country for information on Departmental issues, programs, and services.

FINANCE & ADMINISTRATION DIVISION

Ralph G. Dumont, Director

The responsibilities of the Finance and Administration Division continued much the same during 1982-83 as in the previous year. Progress continued with the integration of the financial and administrative processes of the two former departments.

Federal Provincial Cost-Sharing - Final claims work started off well, following the appointment of a full-time claims officer, but unfortunately he died after about three months work. He completed one final claim. No progress was possible on hiring a replacement for the remainder of the year due to reclassification studies, hiring freezes, Treasury Board reviews, etc. At year end, Government decided to do what had been proposed many times through the years, and concentrated all final cost-sharing claims activities in the Department of Finance, which set up a new, separate unit to do this work.

Finance - A new accounting structure, which covered the complete department was implemented at the start of the year. Financial control procedures including appropriation adjustments and estimates preparation are now performed by, or under the direct control of one person, the departmental adminsitrative officer. Several other financial procedures such as revenue collection and paying bills are being studied to determine the degree to which overall departmental efficiency is being impaired by having the various divisions and sections use different, locally developed, procedures rather than one standardized method.

Administration - Records management improvement continued. The Summerside Regional Office was converted to a modern open shelf filing system for client records. The acquisition of new, larger quarters by the Provincial Archivist enabled improved flow-through of our records to the point that our records scheduling system (from records generation to final disposal) can now be judged to be completely operational for the first time. The equipment inventory count has been completed, although the job of updating the inventory records is still to be done. A formal procedure for documenting the movement of new, used or derelict equipment between locations has been put in place. A system of frequent and regular inspections of our fire prevention and protection arrangements and equipment was developed in conjunction with the Provincial Fire Marshall. This is especially important for our children's group homes.

Prosecutions - The division's responsibility for coordinating the work of the several agencies involved with prosecution of persons suspected of welfare fraud has been more clearly defined. Considerable work has been done on improving these policies and procedures, increasing the effectiveness of this activity. However, there are still a few matters to be cleared up, including a persistant shortage of Department of Justice staff resources to handle the volume of cases now being identified by case audits or worker reviews.

Management Information System - Several significant developments occurred during the year including setting up of an ongoing computerized data entry and management reporting system for the department's mental health programs. The data collected in connection with an occupational health nursing survey and a pregnancy study was compiled and reported upon the MIS Unit, utilizing the government computer. The continuing effort to expose and train MIS staff in field services work was advanced by having them visit the regional offices and accompany social workers on their visits to their clients.

EMERGENCY WELFARE SERVICES

J. Donald Seaman, Director

The authority for organizing and providing Emergency Welfare Services within the province is derived from the Emergency Measures and Disasters Act (1959). Our aim is the organization of such services as will meet the essential survival needs of people following a disaster and to provide temporary rehabilitation assistance until regular predisaster welfare services resume operation or until other plans and programs come into operation. In addition, we are responsible for emergency services to holiday visitors from mid June to Labour Day weekend.

The past year 20 employees of the Department attended the Emergency Welfare planning courses at the Federal Study Center at Arnprior, Ontario. These staff personnel were from all regional offices.

A one day re-training session on Emergency Welfare Services was held in January. Representatives from the regional offices attended, as well as Central Office personnel.

Emergency Welfare plans have now been completed in Regions 1, 4, and 5. Regions 2 and 3 are to be formalized within the next fiscal year.

WELFARE ASSISTANCE APPEALS BOARD

George Cheverie, Chairman

I am pleased to submit the Annual Report on the operations of the board for the year ending 31 March, 1983.

During the period covered by this report the Board conducted 30 sittings, in which 36 appeals were received. This was a decrease of 3 cases over the previous 12 month period. Of these 16 were allowed, 17 were denied and 3 were withdrawn by the applicants. The Board considers this ratio of allowed to denied appeals to be a significant and sufficient justification for the existence of an appeals system in the administration of social services.

In July 1982 a one-day training seminar for newly appointed Board members was conducted by the Chairman and members of the staff of the Department of Health and Social Services. The purpose of this seminar was to familiarize these appointees with their responsibilities and the procedures used in appeal hearings. These new members have integrated very well with the more experienced members, and all have carried out their duties in a very effective manner.

The Board wishes to again comment on the high degree of courtesy and cooperation extended to us by the staff in all regional offices and the Department headquarters at all levels.

APPENDIX **DEPARTMENT OF HEALTH AND SOCIAL SERVICES**

SUMMARY OF REVENUE AND EXPENDITURE

For the Period April 1, 1982 to March 31, 1983

	Revenue	Expenditures
Departmental Management	$ 18,683,500	$ 892,600
Pharmacy	36,700	1,023,100
Oncology	-	98,000
Dental Public Health	45,900	1,729,300
Community Mental Health	-	946,600
Hillsborough Hospital	366,200	5,378,500
Nursing	3,400	1,328,100
Community Hygiene	-	363,200
Sanatorium Complex	121,400	1,641,600
Vital Statistics	28,200	136,200
Policy and Planning Unit	-	153,600
Special Services	400	1,484,600
Job Creation	-	1,017,800
Field Services	46,900	28,124,600
Home Care	11,000	974,200
Group Homes	400	949,700
Services to the Aging	3,142,500	11,695,100
	$ 22,486,500	$ 57,936,800

POOR

QUALITY

ORIGINAL